

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update  
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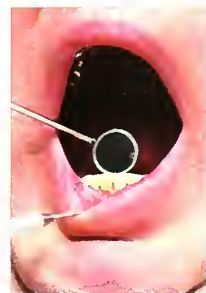
9 May 1998

**NPA asks DoH for guidance over PPI**

**PML medicines sales need to be supervised**

**Researchers challenge NHSE over data sales**

**The whole tooth and nothing but the tooth**



**Unipath has a vision for women's health**

**Make use of PIMs for patient counselling**

**Scotia's Olibra in sweet deal with Unigate**

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**Abridged Prescribing Information**

(Please refer to full data sheets/summaries of product characteristics before prescribing.)

**Becotide Inhaler and Becotide Easi-Breathe**

(beclomethasone dipropionate)

**Uses** Topically active corticosteroid for prophylactic management of asthma

**Dosage and administration** For inhalation only. Use regularly.

**Adults:** 400 to 800 micrograms daily in divided doses. **Children:** 200 to 400 micrograms daily in divided doses.

**Contra-indications**

Hypersensitivity. Special care in active or quiescent pulmonary tuberculosis.

**Precautions** *Inadequate response:*

Add a short, high-dose course of systemic steroids. *Steroid-dependent patients:* Withdraw systemic steroids slowly. In

adrenal suppression monitor adrenal function and consider providing oral steroids for periods of stress. Replacement of systemic steroids may unmask other allergies.

*Pregnancy and lactation:* Experience is limited. Balance risks against benefits.

**Side effects** Hypersensitivity reactions. Candidiasis of mouth and throat. Hoarseness or throat irritation. *Paradoxical*

*bronchospasm:* Substitute alternative therapy.

**Presentation and basic NHS**

**cost** *Becotide Easi-Breathe (with*

*Optimiser):* 200 actuations.

50 micrograms – £4.34.

100 micrograms – £8.24.

*Becotide Inhaler:* 200 actuations.

50 micrograms – £5.43.

100 micrograms – £10.32.

**Product licence/marketing**

**authorisation numbers**

10949/0268-0269.

10949/0058-0059.

**Product licence/marketing**

**authorisation holder**

Allen & Hanburys, Stockley Park

West, Uxbridge, UB11 1BT. (POM)

**References** 1. Easi-Breathe

Handling Study. Data on File.

Allen & Hanburys 1997.

2. Drug Tariff November 1997.

3. MIMS, November 1997.

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**Becotide™**  
(beclomethasone dipropionate)

*Easi-Breathe™*  
Easy to use, Easy to afford

\*Generic beclomethasone dipropionate 50mcg and 100mcg inhalers<sup>2</sup>



There is a lot of talk about partnership around at the moment. Partnership with others in primary care, partnership with manufacturers and partnership between pharmacists. There is no doubt that partnership, when it works, is a 'good thing', but it takes at least two to play, and if one party is disinterested it won't happen. As the NPA points out in its response to the latest Health Green Paper (p6), pharmacists and opticians often feel powerless to influence events in primary care because doctors and nurses are more natural partners. In the existing set-up that is undoubtedly true, if only because of their close working proximity. The OTC and ethical industry at present is a more natural partner for community pharmacists. That is evidenced by the \$44,000 the UCA managed to raise in sponsorship for its annual conference (and UCA president Donald Moore is duly grateful for this generous support from some 40 sponsors). The partnerships pharmacists have forged have been driven by business, culture and necessity. The current efforts to ensure pharmacists are properly represented in primary care groups is recognition by the profession's leaders that the NHS is going through a major cultural shift, and as a consequence there is a rare opportunity to redefine partnerships. Sir John Harvey Jones told Northern Ireland's pharmacists last weekend that a market will never go back once a change has been introduced, hence the importance of getting the framework right at the beginning. Pharmacists need to be comfortable about moving closer to GPs. There is evidence enough that doctors and patients welcome help when it is properly introduced (see p7). The NPA is right to push for proper recognition of medicines management – it's good for the health of the NHS – but as always it is the foot soldiers who take and hold ground.

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# NPA pushes DoH for guidance after patient pack debacle

The National Pharmaceutical Association is telling the Department of Health it is worried about the lack of progress on the patient pack initiative.

It believes that the DoH should issue guidance to pharmacists on their obligations under European law to pass information on to patients, and on how compliance with EC Directive 92/27 can be achieved. Last week, manufacturers announced they were going it alone, after the DoH questioned the cost of the exercise (*C&D* May 2, p43).

The patient pack initiative should enable pharmacists to dispense medicines in packs complying with the labelling and leaflet requirements of Directive 92/27. The final implementation date is December 31.

There is an expectation in the Directive that information given on pack labels and in patient information leaflets will be passed on to patients. This is difficult for pharmacists under existing legislation, and Drug

Tariff requirements allow doctors to prescribe in any quantity they like requiring pharmacists to dispense that exact quantity.

As long as these arrangements exist, packs will be broken and extra labels and leaflets will be required. How the additional material is to be made available to pharmacists remains unclear.

**Emergency supply of insulin** The Medicine Control Agency has been asked to amend the emergency supply regulations to allow pharmacists to make emergency supplies of insulin to diabetics when proposals to make insulin a POM come into effect.

The NPA had supported the reclassification of insulin on the understanding that pharmacists would still be able to make emergency supplies. However, the current emergency provisions state that no more than five days' supply of a medicine can be provided unless it is an aerosol, ointment or cream, or an oral contraceptive or liquid antibiotic.

A vial of insulin provides more

than five days of treatment and, because vials cannot be split, the NPA is concerned that pharmacists will not be able to legally supply insulin in an emergency.

**NRT going GSL?** The NPA is opposing a suggestion by the Scientific Committee on Tobacco and Health that nicotine replacement therapies should be GSL.

This was one of 37 recommendations aimed at limiting the damage to health by tobacco produced by SCOTH, an independent body which advises the Chief Medical Officer and the DoH. The DoH is expected to draw on the report when it produces its White Paper on smoking in the summer.

## All change for the NPA board

The National Pharmaceutical Association's new chairman for 1998/99 is Gaz Clapinski. He will be supported by Kirit Patel as vice-chairman.)

Mr Clapinski has been the representative for Staffordshire and the Marches since 1992. Mr Patel has represented Surrey and West Sussex since 1993.

Peter Jenkins (Wales) takes on the job of treasurer.

The board also has eight new members:

- Terry Hannawin (N Ireland)
- Ian Johnstone (Scotland)
- Andy Murdock (West Midlands)
- Rajesh Patel (Greater Manchester)
- Umesh Patel (North East)
- Graham Phillips (Home Counties)
- Ashok Soni (East Sussex)
- David Sukert (North West).



The new look NPA board outside Mallinson House last week. In the front row are (l to r) treasurer Peter Jenkins, chairman Gaz Clapinski, vice chairman Kirit Patel and NPA director John D'Arcy

### In brief ...

**NHS resource pack** The NPA is producing a resource pack to help members get involved in the primary care groups and health improvement programmes outlined in the New NHS White Paper. The pack will complement the information which PSNC has recently issued to LPCs. The NHS Executive has recently issued guidance to health authorities on PCGs. HAs are required to have plans ready by July 31. In its guidance, the NHSE has made it clear that HAs should involve all stakeholders in the establishment of PCGs.

**Distribution of Contracts** The NPA has reaffirmed its support for amending the NHS (Pharmaceutical Services) Regulations to outlaw the transfer of prescriptions from pharmacies without an NHS contract to those with. PSNC had asked for NPA backing for an LPC Conference resolution calling for the rules in England and Wales to be brought into line with those in Scotland, where the practice is outlawed. The NPA, along with the PSNC and Royal Pharmaceutical Society, is seeing the DoH this month to discuss the distribution of contracts.

**Medicine sales on the Internet** The European Pharmaceutical Group is lobbying the European Union to press for a worldwide ban on the sale and marketing of medicines on the Internet. The NPA shares its concern that this practice allows medicines to be obtained without professional or legal controls and is a threat to public health.

**Fridge temperature records** A pack for recording refrigerator temperatures is being made available for £2.25. The RPSGB's Standard of Good Professional Practice states that 'max-min' temperatures of refrigerators should be checked on a daily basis.

## Courier to dispensing doctors is vetoed

The Royal Pharmaceutical Society has recommended that a pharmacist should not use a courier for a collection and delivery service to dispensing doctors.

Three years ago, residents of Crawley Down had their prescriptions dispensed by doctors at the local health centre. But when West Sussex Health Authority allowed Ramesh Sutaria to open a pharmacy in the village, the health centre could

dispense only to patients living over a mile away. A patients' action group objected to the arrangements and organised a courier service for other residents. The courier collected prescriptions from the surgery, took them for dispensing to Shoreen Pharmacy in Crawley and returned them to the surgery.

The Society was concerned that the dispensing pharmacist did not see the patients at all.

## Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for **Pharmacy Update** modules carried during April:

- Musculoskeletal injuries (1086)
- Whiplash (1088)
- Enteral feeds (1087)

**Pharmacy Update** is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 44791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>). A telephone marking service is available for a fee of £12.50 plus VAT (contact Sue Cheeseman on 01732 364422 ext 2462). A certificate is issued to verify the number of hours of continuing education achieved.

**Pharmacy Update** is supported by **Genus Pharmaceuticals**.

## Out on bail - the pharmacist and the GP

A pharmacist and a general practitioner have been bailed to appear at Bow Street Magistrates Court on June 22, charged in connection with conspiracy to defraud a health authority.

Dr Bright Selvarajan (55) of Wandsworth Bridge Road, Fulham and Narendra Oza (49)

of Cambridge Road, Wimbledon, whose pharmacy is at 9 Fulham Broadway, Fulham, are both charged with conspiring to defraud the Ealing, Hammersmith & Hounslow Health Authority.

Narendra Oza is also charged with false accounting.



## 'First port of call' campaign continues into the holidays



The Royal Pharmaceutical Society has launched a 'Holiday health hazards' campaign on Wednesday, part of its series of campaigns highlighting pharmacies as the 'first port of call'.

The promotion, which will

take the form of a quiz, is being sent to the Society's 150 press officers and national and regional newspapers.

As well as informing the public about health issues, it highlights pharmacists as a source of good

holiday advice. The Society's head of practice, Roger Odd, was due to kick the event off on Channel 5's news.

The RPSGB's next mini-campaign on bites and stings takes place in June.

## PML sales should be supervised

Legal changes mean that sales of PML medicines must now be supervised in the same way as P medicines.

'The Medicines (Exemptions for Merchants in Veterinary Drugs) Order 1998' (SI No 1044, HMSO, £1.95) has removed the exemption for pharmacists from section 52(c) of the Medicines Act 1968, when selling the veterinary drugs to which the Order applies. Section 52(c) requires

retail sales to be by or under the supervision of a pharmacist.

In practice, PML medicines can no longer be offered for sale by self-selection, although this is not stipulated in the Order. Previously, pharmacists had to be in a position where they could "reasonably intervene" in the sale. The Order, which came into effect on May 6, applies to retail sales of veterinary drugs whose names and authorisation num-

bers are on a list kept by the Minister of Agriculture, Fisheries and Food, which will be open to inspection at the Veterinary Medicines Directorate. Copies will be published in a regular bulletin.

Saddlers are permitted to sell cat and dog wormers, as well as horse wormers, and they and agricultural merchants may sell such products to people who keep cats and dogs other than for business purposes.

## Scottish Audit Fellow appointed by Society

The Scottish Department of the Royal Pharmaceutical Society and Lothian Education, Research and Development have jointly appointed Fiona MacRae (below left) as Scottish Audit Fellow.

Her role will be to facilitate pharmacy involvement in multi-professional clinical audit within a primary care setting. In addition to this role, Ms MacRae (below) is joining the University of Strathclyde's teacher practitioner group.

Her experience includes clinical audit in Tayside, working as a primary care pharmacist facilitator, and a stint in Tanzania on Voluntary Service Overseas.

"I am delighted

the Scottish Department has appointed such a capable pharmacist. Her experience of working with multidisciplinary teams will be invaluable and I look forward to working with her," says David Preece, the RPSGB's audit development fellow.

Ms MacRae's two-year appointment is being funded by a Clinical Resource and Audit Group national project grant.

● Pharmacist Barbara Parsons has joined the Pharmaceutical Services Negotiating Committee as its local pharmaceutical committee liaison officer. She was previously an oncology & aseptic services pharmacist at Northampton General Hospital NHS Trust. Her role includes advising LPC secretaries on formulating bids for local projects and computerising PSNC's project database.

## Dove to Dobson: are pharmacists to be in PCGs?

Concern is being expressed over what role the Government intends pharmacists to play in the new primary care groups.

In a letter to the health secretary Frank Dobson dated April 30, Pharmaceutical Services Negotiating Committee chairman Wally Dove says that the recent NHSE guidance given in the health services circular HSC 1998/065 "has given rise to some confusion and uncertainty as to whether or not your Department envisages community pharmacists being represented on PCGs".

PSNC believes that the guidance implies that a PCG would only need to take account of the views of local community pharmacy contractors.

However, at the PSNC Dinner in March Mr Dobson emphasised his wish to see community

## CPP officers

Professor Graham Calder (chair), Professor Bryan Veitch (vice-chair), Charles Butler (treasurer) and Brian Riley (secretary) are the College of Pharmacy Practice's officers for 1998-99.

## Archive night

The Royal Pharmaceutical Society's information centre and museum are staying open late on the night of the AGM on May 13. Visitors are invited to join a tour of the museum with its curator at 6.15pm or use the library's facilities until 7.30pm. To join the tour, call 0171 735 9141 ext 354.

## NHS 50 competition

The National Pharmaceutical Association has extended the deadline for returns of the NHS 50th Anniversary competition to May 15 as some areas have been affected by postal strikes.

## Drug alert 1

Hoechst Marion Roussel is recalling batches of its Clarofen (cefotaxime) Infusion Connector Vials, batch numbers 028153 (10 x 2g) and 028154 (10 x 1g), both with expiry February 2000. The company says the class 3 alert, issued on May 1, is due to a fault in a small proportion of the solution transfer devices.

## Drug alert 2

Braun Medical UK is recalling its Sodium Chloride 0.9 per cent Intravenous Injection 20 x 10ml Mini-Plasco Ampoules, batch number 7501C12, expiry May 2000, due to written details missing from the label. The class 2 alert was issued on May 1.





# Market researchers challenge NHSE on script data sales

A market research company is challenging the NHS Executive's view that pharmacists may be taking legal risks by selling prescription data, even though patients' names are not disclosed.

A High Court judge has ruled that the company, Source Informatics, has grounds for a judicial review of the NHS Executive's guidelines. The Executive has until June 2 to change its advice. If not, the judge will set a date for a full hearing.

Richard Jackson, Source Informatics' general manager, told

C&D that one in two pharmacies have been providing both his company and IMS with data from prescription forms, which is sold to pharmaceutical companies.

The Royal Pharmaceutical Society is comfortable with the arrangement, so long as pharmacists comply with the Code of Ethics on confidentiality, and the British Medical Association does not object to doctors being involved.

But about a year ago, the NHS Executive warned that GPs and pharmacists would incur legal

risks by being in breach of their "duty of confidence" to patients, even though the patients could not be identified. The warning has discouraged many pharmacists from joining the schemes, the researchers say.

Mr Jackson says the Department seems to be using the argument that patients are not being told that data is being transmitted, even though the information is anonymous. "The logical extension of this is that no-one should publish prescription data at any level," he suggests.

## BTC and HEA target substance abuse

Boots the Chemists and the Health Education Authority have organised a roadshow in August to inform parents in five UK cities about the health risks associated with substance abuse.

The roadshow will visit Birmingham, Bristol, Leeds, Manchester and Newcastle to distribute a guide for parents on drugs and contact cards for the National Drugs Helpline.

Boots stores in the cities will link with local drug action teams to co-ordinate events to coincide with the roadshows.

"It's important not just to target young people with advice: it is essential that parents are equipped to talk to their children about the risks of taking drugs," says the HEA's Geof Webb.

## Plans for NSF's

The NHS Executive has issued a circular explaining the role of national service frameworks.

These frameworks, introduced in 'The new NHS' White Paper, will set national standards and define service models. The programme will concentrate first on progressing the existing frameworks for cancer and paediatric intensive care, and starting new frameworks for mental health and coronary heart disease.

Reference groups for mental health and CIID will be established in the next few weeks. Their findings will be published this autumn, before publication of the NSF's in spring 1999. Health authorities are expected to start planning health improvement programmes from next April.

The NHSE is inviting suggestions for the next tranche of NSF's. Information on HSC 1998/074 is available from Gillian Chapman, health services directorate, NHSE, room 318, Wellington House, 133 Waterloo Road, London SE1 8UG.

## Medicines management seen as key by NPA

The National Pharmaceutical Association wants medicines management to be included in the draft national contracts for public health proposed in the Green Paper, 'Our Healthier Nation'.

The Association says it supports the four national targets identified by the Government: coronary heart disease and stroke, cancer, accidents and mental health.

However, it says of medicines management: "Inclusion of this important aspect would considerably improve the likelihood of targets being met."

It is important that community care plans and local health or primary care strategies make funding and resources available to address the medication management needs of groups of patients, says the NPA.

A report by an NPA working group, which included representatives from both health and social services, will be published

later this year. It will make recommendations on improving medication management for vulnerable people living in the community.

A community pharmacist-led medication management programme will be piloted this year. This will involve integrating medication needs assessment into the care programme approach.

The NPA says that pharmacists and opticians often feel they have little effective input into primary care as GPs and practice nurses are natural partners.

"The Government must fulfil its commitment to make sure that health authorities do involve all partners in drawing up health improvement programmes."

Pharmacists must be given the means to attend multidisciplinary meetings, warns the NPA. The "worst possible scenario" for a pharmacist is to be invited to attend joint meetings, but not be given the necessary funding to

allow them to get out of the shop.

The NPA is concerned that there is currently little pharmacy involvement assessing patients' needs for community care.

The Association believes there is a need for research in this area but points out that, within a health authority, it will be the director of public health's annual report which will be the starting point for health improvement programmes (HIPs).

"Our concern is that although this report addresses health needs, there is no model to assess pharmaceutical needs. This issue has to be addressed if full use is to be made of pharmaceutical care within the NHS," says the NPA.

It would like the DoH to consider a jointly funded project to develop a model for pharmaceutical needs assessment.

Stressing that lack of adequate resources and formal recognition are barriers to tapping pharmacy's full potential, the NPA concludes that the forthcoming White Paper on public health should "clearly establish the community pharmacist's vital role" by:

- providing for the appointment of a consultant of pharmaceutical public health by every HA
- providing funding via HAs to ensure community pharmacists can, without financial loss, take part in local discussion on public health and HIPs
- making sure that HAs involve community pharmacy in developing HIPs
- supporting financially the development of at least six pharmacy healthy living centres
- identifying community pharmacists as one of the lead stakeholders in developing HIPs.

## Society seeks parliamentary time to change disciplinary machinery

The Royal Pharmaceutical Society is hoping that legislative changes need to bring in new disciplinary machinery can be made in the next session of parliamentary. However, the Department of Health has not given any commitment that time will be made available.

In 'Proposals for the Effective Self-regulation of the Pharmacy Profession', issued last week, the Society says it wants effective powers to look into allegations of inadequate professional performance. Powers will not be restricted only to cases which are serious enough to merit removal from the register.

The proposals were first raised in December. Among the issues being tackled is the speed with which disciplinary cases are heard.

In the new system, 12 or more members could be appointed to a disciplinary panel, made up of eight pharmacists and four lay members.

In cases of allegations made against a pharmacist, a scrutiny panel of five members will look at the allegation, and decide on one of four actions:

- not to order an inquiry
- to order an inquiry before a five member tribunal
- to order an inquiry before a

three member tribunal if the panel considers that, even if the allegation were proved, the case would not warrant the pharmacist being struck off

- to refer a case to the health procedures under the Pharmacy (Fitness to Practise) Act.

Disciplinary powers that would be available to the tribunals include ordering a reprimand, re-training, imposing restrictions on practice, financial penalties and striking off.

Legislation relating to disciplinary procedures is still largely governed by the Pharmacy Act of 1954, but this is considered to be "in need of urgent reform".



# Time to look at quality and standards

Pharmacy must start now to make sure its own quality arrangements compare with proposals in the NHS White Paper, said Bryan Hartley, chief pharmacist at the Department of Health, last week.

Giving the College of Pharmacy Practice's annual address, he explained that the White Paper envisages an NHS based on quality.

Systems will be put in place to define, audit, maintain and improve quality. These systems will take years to evolve to a rational, appropriate and cost-effective pattern which can become part of the culture in which professionals practise, he said.

Clinical pharmacy required a system embodying principles that were already widely accepted in controlling the quality of medicines. The first step

should be a thorough and critical review of the quality framework within which specifications and standards for all aspects of pharmaceutical services are developed, implemented and audited.

There was plenty to build on, such as the profession's Code of Ethics and guidelines for special pharmacy services, health authority specifications for advice to homes and the Dorset local contract.

For those providing specialist services there should be personal specifications based on competencies, which might lead to accreditation. Drug information pharmacists offered a good model in terms of their service specifications, training requirements and continuing professional development.

There should also be a means of identifying and reducing risks.

"It is said that one quarter of community pharmacies are managed by locum," Mr Hartley continued. "It has been privately reported to me that the error rate associated with the locum,



Chief pharmacist Bryan Hartley

although still very low, can be up to six times the exceedingly low error rate of regularly managed pharmacies – not through the fault of the locum but because of the systems with which they work. If this is true, it's a risk the profession needs to do something about."

A review of the profession's quality and disciplinary framework should start with a review of the Code of Ethics, including proposals for continuing professional development.

There should be a common understanding, or glossary, of the terms used when defining quality so everyone knew exactly what was meant. More input from patients could improve transparency, and there was a need for more flexible disciplinary procedures with a range of sanctions, Mr Hartley said.

## Pharmacy 'firsts' go down well with GPs and patients

The Nottingham head lice project, in which community pharmacists are prescribing treatments on the NHS without referral to a doctor, is working well, says Joy Wingfield, Boots deputy superintendent and Nottingham LPC chairman.

She told a College of Pharmacy Practice study day last week that the scheme looks as if it is costing less than the \$90,000 a year previously spent on head lice lotions in Nottingham City West.

Pharmacists are paid \$1 for dispensing a prescription, \$3 for giving advice and a further \$1 if they need to advise other members of the family.

The scheme aimed to curb escalating costs, some of which resulted from unnecessary treatment. Pharmacists require proof that head lice are present before issuing treatments.

Although the scheme took over

a year to organise, it had eased burdens on GPs and schools and encouraged pharmacists to collaborate, Ms Wingfield said.

The results have yet to be analysed, but initial findings are very encouraging, and the organisers are looking at the possibility of extending the project to other areas of the city.

The project represented two pioneering activities, she said. The first was that pharmacists had negotiated payment for giving advice, which was a tangible recognition of their skills. The second was that they had started prescribing on the NHS, which could open up avenues for more OTC prescribing.

Another 'first' is the introduction of a capitation fee for pharmacists taking part in a repeat dispensing pilot in Birmingham.

Richard Seal, the health authority's pharmaceutical

adviser, explained that pharmacists are paid \$30 every three months for each patient they have in the trial, regardless of the number of consultations.

The fee covered the medicines supply and included recognition of the need for extra counselling and documentation. The basic drug cost was reimbursed in the usual way.

Eight pharmacists, serving 350 patients from two GP practices, have been issuing 28-day supplies on triplicate prescriptions.

Initial results have shown that a large proportion of patients have not picked up the repeats or returned to the surgery for them. The reasons are as yet unclear, but presumably because supplies were not needed.

Initially, some pharmacists had been apprehensive about suspending their normal method of remuneration and some were

wary about the need for in-depth consultation with patients.

Doctors and patients have been enthusiastic about the scheme, which is being evaluated at Aston University.

Mr Seal said he was finding that primary care groups were "desperate" for pharmacists to help them with repeat prescribing, and he was optimistic about pharmacists' future in this area.

He was doubtful whether government would consider a capitation fee as it would claim it was more difficult to administer than the present global sum.

● The CPP has introduced an advanced award by examination open to members who have obtained 60 credits from advanced modules, of which 40 are obtained by examination and 20 by written submission. The first examinations will be in spring 1999.

## Is Beckett about to put pharmacies in 'double jeopardy'?

The Community Pharmacy Action Group believes Margaret Beckett, president of the Board of Trade, is poised to reject its call to block a legal challenge against resale price maintenance on over-the-counter medicines.

Mrs Beckett is due to set out her approach during the second reading of the Competition Bill on May 11 (postponed from May 5). There was speculation at Westminster this week that she is refusing to back down.

Unconfirmed reports which have reached CPAG suggest that

Mrs Beckett has decided to reject a clause written into the Bill in the House of Lords to stop the present legal challenge by the Office of Fair Trading.

The all party parliamentary group on primary care, led by Labour MP Dr Howard Stoute, was seeking a meeting with Mrs Beckett to underline its concern.

The change to the legislation in the Lords, after a Government defeat, would suspend the action by the OFT and require any fresh challenge to be mounted under the new Bill, when it becomes an

Act. There would be a breathing space of some years before any challenge could be mounted.

CPAG has stressed it is not trying to block a test of RPM in the courts, but it does not want pharmacies to face 'double jeopardy', with a challenge under both old and new legislation.

Health secretary Frank Dobson has weighed in on behalf of pharmacy, warning that primary care could be hit if pharmacies are forced to close. But Mrs Beckett appears poised to brush these objections aside.

## Plea for PLEA

Pharmacists with legal qualifications are being sought by the recently launched Pharmacy Law and Ethics Association.

Secretary Gordon Applebe says that pharmacists or lawyers who are involved with teaching or practising the application of law and moral philosophy to pharmacy practice are also eligible to join.

Membership costs \$10 per year and includes a quarterly newsletter. Contact Dr Applebe at 14 Hitherwood Drive, College Road, London SE19 1XB.





## Support the revolution, but beware the consequences

Last week my thoughts were dominated by the Pharmaceutical Services Negotiating Committee's exciting proposals for a pharmacy-based contracted medicines management scheme.

At last PSNC has proposed a revolutionary scheme that is said to have unanimous support. It also states, ominously, that among other determining factors must be a willingness by the vast majority of contractors to enthusiastically embrace the whole concept.

I cannot see many pharmacists who will object to the principle of medicines management, but before selling it to contractors, PSNC must ensure equity of application and a means of compensating those who, through no fault of their own, are adversely affected.

The advantages are clear. More resources for community pharmacy, savings on the NHS budget, less pressure on doctors, a raised professional profile and improved patient health. But we must still be aware of the consequences.

Not all pharmacies will be capable of adapting to these profound changes. Introducing such a scheme will further erode core payments within the global sum, and *de facto* patient registration is a prerequisite. However, it will

# Topical Reflections

be no more possible to divorce the medicines management fee payments from the supply side remuneration than it presently is when providing services to residential and nursing homes.

It makes sense that these activities are fully integrated yet, by doing so, those unable to participate will face even further financial attrition.

Community pharmacy can unite behind these proposals, but the total support the scheme needs to succeed can only be achieved if a parallel scheme is established to cushion the disadvantaged and, in the final analysis, allow for the dignified relinquishing of contract. Anything less would be morally insupportable.

## Fast rise for Slow Sodium...

I got a shock this week when I queried the price of Slow Sodium tablets. For 100 tablets of enteric coated salt I was charged £6.05. "Surely not," I said. "There must be some mistake." The reply was: "No mistake, new manufacturer, new price." I must now sell at £10.64 compared with the previous £0.99!

I accept that Slow Sodium tablets have been underpriced for many years, but do the new owners, HK Pharma, seriously think the public will accept a tenfold increase in price? I would suggest a compromise. A retail price of £3.95 would be reasonable and sales would continue undisturbed. Or are retail sales irrelevant to the revenues the company can achieve from NHS usage?

While on the subject of mammoth price rises, I have also been charged £27.50 for 100 capsules of sodium

bicarbonate 500mg when they previously cost £2.20. This time the culprit is Norton, but at a Tariff price of £19.25 I will lose a fortune when I next dispense a prescription for 1,000 capsules.

I am sure Norton can provide me with a logical explanation, but it had better hurry! That repeat is almost due and I fail to see why I should either make an innocent patient suffer or lose £82.50 on the transaction!

## Confidentiality and cash flow

Recently, while congratulating AAH on its initiative to help independents maximise sales, I questioned the confidentiality of sensitive commercial information (*Xrayser* April 16). Well, AAH's marketing director, Steve Dunn, has now stated unequivocally that there is no cross over of information on individual customers between AAH and Lloyds – or as he puts it: "None, zero, nullo, nix".

I am glad to receive this assurance, so might I help by suggesting a simple business initiative which could immediately improve my purchasing efficiency.

I now have very few direct accounts, but while the reduction in paperwork is gratifying, it is extremely annoying to receive, and have invoiced, transfer orders on the last day of the month.

Good business for AAH, but bad for my cash flow. I try to maximise my purchases towards the beginning of the month, but inevitably some slip through. A cut-off point of say, the 25th, after which invoices would be deferred, would go a long way to establishing the détente Mr Dunn so obviously desires.

Rena Amin



Primary care pharmacist Rena Amin of Central Croydon Commissioning Group believes further education and more aggressive marketing of pharmacy are key to the profession's future.

After coming to England from India in 1988, she worked as a pre-registration graduate at Mayday Hospital in Croydon.

She switched to community pharmacy in 1993, after trying locum work, and accepted a post as support pharmacist at Safeway in West Wickham, Kent. The following year, she became the branch's pharmacy manager and enrolled for King's College's MSc course in community pharmacy.

As part of the course, she devised a training package on time management for community pharmacists, which was piloted at six Safeway branches. The aim was to free pharmacists' time to carry out extended professional roles.

By re-allocating certain day-to-day activities, most stores were able to gain between five and seven staff hours per week. This allowed pharmacists more time to give advice at the counter and run in-store clinics.

The package, which can be implemented during working hours over a ten-week period, included training counter assistants to do work in the dispensary. It was so successful that it has been rolled out in all 90 Safeway pharmacies.

"The King's College course brushed up my clinical skills and made me more confident in talking to GPs. Further education is vital because it teaches you about the current changes in health care," says Rena.

In March, Rena began work as a primary care pharmacist for Croydon Health Authority. With three colleagues, she will be liaising with 52 GPs from 20 practices on cost-effective prescribing, formulary development and medication management.

Although this post is a full-time one, she hopes to continue her work as a Bromley HA 'Impact' pharmacist visiting GPs at two surgeries a week. Keele University co-ordinates the clinical side of 'Impact' campaigns, which target different therapeutic areas, like asthma or depression, every



# This summer follow the sun



## Zirtek gives fast and powerful relief of hayfever symptoms<sup>1</sup>

Zirtek is not significantly metabolised in the liver and provides fast and effective relief of hayfever symptoms.

## Zirtek has a broad safety profile<sup>2,3</sup>

Zirtek is a selective H<sub>1</sub>-antagonist with no known effects on other receptors, a low potential for drowsiness, no impairment of driving skills and no significant drug interactions.

Zirtek has no known drug interactions and has even after more than 10 years of use, never been prescribed world-wide since 1990.

Double action

# Zirtek™

cetirizine

## Help your hayfever patients be themselves

interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption. **SIDE EFFECTS:** Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported. **PACKING, PRICE:** Pack of 7 tablets = £4.25. **LEGAL CATEGORY: P. PRODUCT LICENCE NUMBER:** 5221/0001. **PRODUCT LICENCE HOLDER:** UCB SA Pharmaceutical Sector, Avenue Louise, 8-1050, Brussels, Belgium. **MARKETED BY:** UCB Pharma Limited, Watford, Herts, WD1 1DJ. **DATE OF PREPARATION:** April 1998 UCB-Z-98-35

References: 1- Day JH et al, Ann Allergy Asthma Immunol 1997; 79: 163-72. 2- Snyder S et al, Annals of Allergy 1987; 59: 4-8. 3- Linquist et al, The Lancet 1997; vol 349: 1322. 4- Passalacqua et al, EAACI Position Paper, Allergy 1996; 51: 666-75

For further information please contact: UCB Pharma Limited, Star House, 69 Clarendon Road, Watford, Herts, WD1 1DJ Telephone: (01923) 211811 Fax: (01923) 229002



Pharma



# COUNTERpoints

## Kincare shampoo treats lice

Kincare Herbal Shampoo is a new head lice treatment from Moraz.

Kincare shampoo contains a mixture of herb extracts, including parsley and garlic, which kills lice and eggs by dehydrating them. Its formulation means it is safe for children to use and can be used by asthmatics, nursing mothers and pregnant women. Long-term use has not been

linked with resistance. To eliminate lice and



eggs, the shampoo should be used daily for

three consecutive days, with the lather left on for 15 minutes before rinsing thoroughly.

To prevent re-infection, Kincare should be used twice a week.

Kincare Herbal Shampoo (250ml, \$6.99) is considered a borderline substance and can be prescribed on the NHS.

**Impharm Nationwide Ltd.**  
Tel: 01204 540204.

## Seven Seas cranberry capsules for cystitis sufferers

Seven Seas is launching a new cranberry supplement to help treat and prevent recurring attacks of cystitis.

Concentrated High Strength Cranberry Forte contains 200mg of concentrated cranberry powder, the equivalent to

5,000mg of fresh cranberries.

The product is suitable for consumers concerned about recurring bouts of cystitis after the problem has been cleared by traditional OTC treatments.

Retail price is \$4.49 for 50 capsules. Depending on the severity of the problem, consumers can take up to four capsules a day with plenty of water.

**Seven Seas Healthcare Ltd.**  
Tel: 01482 375234.

## Novartis campaign gives parents paediatric advice

Novartis Consumer Health is launching a major educational campaign for first time parents.

Sponsored by Tixylix, the programme will include various

publications and events running throughout the year, focusing attention on the importance of paediatric sales in pharmacy.

The campaign is being launched with 'Making it

Better' – a new booklet giving paediatric advice for parents. It covers common childhood ailments such as ear, nose and throat problems and tummy

troubles, as well as infectious diseases, eczema and baby skin problems.

The booklet is being distributed to 100,000 mothers with children under five.

The new Tixylix 'Pharmacy Assistant's guide to Common Childhood Infections' covers common childhood illnesses such as measles, mumps and chicken pox. It includes a schedule for recommended immunisations by age and a children's cough and cold planogram.

**Novartis Consumer Health**  
Tel: 01403 210211.

## Daktarin campaign kicks off for summer

Johnson & Johnson MSD Consumer Pharmaceuticals is supporting its Pharmacy-only Daktarin brand for fungal skin infections with a £2 million TV campaign.

Starting during the FA

Cup Final on May 16, the advertising will run throughout the summer.

New PoS material for pharmacies includes a symptom specifier card, leaflets entitled 'Don't be bugged by athlete's foot', a merchandiser and

posters featuring healthy feet tips to be displayed during National Foot Health Week taking place between June 1-7. **Johnson & Johnson MSD Consumer Pharmaceuticals.**  
Tel: 01494 450778.

## Total care all around the gum line

Colgate Oral Pharmaceuticals is launching a new-look Total range, reflecting its effectiveness in fighting plaque bacteria below and above the gum line.

Research by leading periodontologist and dental consultant Jan Lindhe has found that using Colgate Total can mean there is significantly less of a pocket gap between the tooth and gum. Bacteria are less able to build up below the gum line, which in turn inhibits the progress of periodontitis.

COP says the inhibitory activity is due to the triclosan co-polymer in Total which allows a sustained delivery of the anti-infective triclosan to the gum and tooth.

To promote the message of super- and sub-gingival activity, new-look Colgate Total packs featuring a hologram and 'Clinical proof' flash will be available from mid-May.

A promotional spend of \$6.5m includes a

\$2.3m television advertising campaign through July and an \$800,000 poster campaign. Advertising in consumer and trade press, as well as a professional dental endorsement programme, is also taking place over the next few months.

The Total brand has been strengthened with the renaming of Plax as Total Plax, as it contains the same triclosan co-polymer, Tricloguard, as Total toothpaste.

Until mid-June, Total



Plax bottles will feature a neck collar incorporating a free 'Little book of smiles'. Consumers can capture their own smiles with an offer of a free single-use camera.

**Colgate Palmolive Ltd.**  
Tel: 01483 302222.

## Bugs are back in TCP promotion

Pfizer Consumer Healthcare is supporting its TCP antiseptic range with a summer sales promotion for the third

successive year.

Eye-catching display units feature the comical bugs which also appear on the free children's badges which are being distributed to pharmacies throughout the UK.

The ten week campaign is designed to boost sales of the TCP range during the summer months as mums stock up on first-aid products to take on trips and holidays with children.

**Pfizer Consumer Healthcare.**  
Tel: 01420 84801.





*"Our pharmacist recommends Piriton Ollie, because it's tried and trusted."*



*"Unlike your bricklaying, Stanley."*

But look Ollie, I was relying on you for support.

*Certainly not Stanley. But pharmacists can rely on Piriton for real support – in fact a £2 million support package. And since more people buy Piriton than any other allergy treatment...*

*...it makes for strong business foundations.*

*Precisely Stanley. Why with Piriton Allergy Tablets for adults and Piriton Syrup for adults and children as young as 1 year, Piriton is as important to a pharmacy as cement is to a building.*

How about us trying some cement, Ollie?



CHLORPHENIRAMINE MALEATE  
**PIRITON™**  
*for allergies*

## A classic for all the family

Piriton is a Trademark of Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP

LAUREL & HARDY ® licensed by Larry Harmon Pictures Corporation, Hollywood, California 90028 U.S.A. All rights reserved. LAUREL & HARDY Films © CCA All Rights Reserved

**Product Information:** Piriton Tablets and Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Relief of allergic conditions including hayfever. **Dosage and administration:** Tablets Adults: 1 tablet. Children aged 6-12: ½ tablet. Every 4-6 hours. Syrup: Adults 10ml. Children aged 6-12: 5ml. Aged 2-5: 2.5ml. Every 4-6 hours. Aged 1-2: 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease, epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult

doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular inco-ordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30: £2.30. Piriton Syrup 150ml: £2.95. **NHS cost:** Piriton Tablets 500: £4.64. Piriton Syrup 150 ml: £1.68. **Legal category P.** **Product licence numbers:** 0036 0090 (Piriton Tablets) 0036 0088 (Piriton Syrup) 0036 0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. **Date of preparation:** April 1998.





**BRISTOL-MYERS SQUIBB**

Bristol-Myers Squibb and AUSSIE are now fully integrated. Following the acquisition of Redmond Products by Bristol-Myers Squibb on 3rd January 1998, the AUSSIE line of shampoos, conditioners and styling products are now completely distributed by Bristol-Myers Squibb.

The products will now trade simply under the AUSSIE brand.

The highly successful AUSSIE brand is available from your local Clairol representative or direct from Enterprise and Unichem.

For further information about the AUSSIE range of products please call Bristol-Myers Squibb Customer Services on 01895 628149.

The comprehensive range includes the  
**UK's no. 1 intensive conditioner...**  
**AUSSIE 3 MINUTE MIRACLE**



Data source: IRI Infoscan to 22 March 1998  
©1998 Bristol-Myers Co. Ltd.

## Inecto goes colour crazy

Keyline Brands is launching three new temporary hair colour products in its Inecto Hint of a Tint range, targeted at the teenage market.

Hair Colour Spray is designed to create instant colour highlights or add striking streaks to hair. It comes in six colours – Blue Lagoon, Gold Fever, Electric Pink, Lilac Lustre, Copper Fizz and Limelight (rsp \$2.99, 75ml).

Hair Colour Wax gives a sleek, glossy look with subtle colour. It is available in six shades – Black, Burgundy, Gold, Blue, Copper and Sheer

Gloss. Presented in 30g 'shoe polish style' tins, it retails at \$3.99.

New from June will be Hair Colour Paint which comes in four wild colours – Scarlet Fever, Purple Blast, Tangerine Dream and Sonic Green. Suitable for creating solid bands of colour or more subtle strands, the product will retail at \$3.99 for 25g.

The Hint of a Tint range will be supported by eye-catching press advertising in teenage magazines during the summer.

**Keyline Brands Ltd.**  
**Tel: 0181 893 5333.**

## Value-for-money sun care from Numark

Numark is launching its own label range of value-for-money family sun protection creams.

Numark's 'Sun Factor' range filters both UVA rays that promote ageing and UVB rays that cause sunburn.

It includes SPF 8, 15, 25, 30 plus an aftersun gel. All products are water-resistant, dermatologically tested and feature vitamin E and aloe vera for additional moisturising.

Retail prices are from \$3.49 to \$4.99 for the lotions and \$1.99 for the aftersun gel.

PoS material includes clear and simple-to-read shelf information, detailing which factor is needed for different climates and skin types.

The launch will be supported

by targeted advertising and PR in women's media.

**Numark Ltd.**  
**Tel: 01827 69269.**



## Jaguar to drive sales of prestige fragrance

The Jaguar Collection (wholly owned subsidiary of Jaguar cars) is launching a new prestige women's fragrance on June 21.

Essentially, Jaguar is a feminine fragrance which combines essences of lime, mandarin and orange blossom with lily of the valley, jasmine and Bulgarian rose.

The fragrance collection includes a parfum/spray, three sizes of edt spray, bath soap, body lotion, bath/shower gel and deodorant.

Retail prices range from \$16 for the deodorant to \$59 for the parfum spray (30ml).

**The Jaguar Collection.**  
**Tel: 01323 410403.**



## Macare's sun care range is child's play

Junior Macare is launching a new range of high protection children's sun care products.

The range includes three levels of sun protection – factors 20, 30 and 40. All three products offer four star UVA protection.

To suit all skin types, products have a fragrance-free formula.

The water-resistant formulations include vitamin E, and natural insect repellents.

The range also includes an aftersun moisturiser. Retail prices for 200ml bottles range from £2.99 to £4.99.

**Paul Murray plc.**  
**Tel: 01703 268444.**



# The Advil Advantage

— with ADVIL Cold & Sinus you can generate sales all through the summer



- Because ADVIL Cold & Sinus is the answer to summer colds, nasal congestion and sinus pain, your sales continue all year round.
- There is no more POWERFUL formulation available without prescription – nothing is proven to work better.

**"I don't need a cold in summer, I need ADVIL Cold and Sinus relief – fast"**



**Advanced Medicine for Cold & Sinus relief – all year round**

Preparation: Coated brown, round tablet for oral administration containing 200 mg Ibuprofen and 30mg Pseudoephedrine Hydrochloride. Uses: For symptomatic relief in conditions where both the decongestant action of Pseudoephedrine Hydrochloride and the analgesic and/or anti-inflammatory action of Ibuprofen are required e.g. nasal and/or sinus congestion with headache, pain, fever and other symptoms of the common cold or influenza. Dosage: For all indications. Adults, the elderly and children over 12 years of age: 1 or 2 tablets every 4-6 hours to a maximum of 6 tablets in 24 hours. Not to be given to children under 12 years of age. Contra-Indications: Hypersensitivity to any of the ingredients. Patients suffering from heart disease, circulatory problems, kidney disease, peptic ulcers, hypertension, diabetes, phaeochromocytoma, or closed angle glaucoma. Patients with allergy to aspirin or other NSAIDs. Patients taking other painkillers or decongestants. Patients taking tricyclic antidepressants. Patients currently receiving, or have within the last two weeks received, monoamine oxidase inhibitors. Interactions: Ibuprofen may interact with the actions of oral anticoagulants and diuretics. Pseudoephedrine may interact with the actions of other sympathomimetic drugs and the antibacterial agent furazolidone. The action of Pseudoephedrine may be reduced by guanethidine, reserpine or methyldopa and may be reduced or enhanced by tricyclic antidepressants. Pseudoephedrine may reduce the action of guanethidine and may increase the possibility of arrhythmias in patients taking digitalis, quinidine or tricyclic antidepressants. Precautions and Special Warnings: Advil Cold and Sinus Tablets should not be taken with other decongestants or analgesics. Patients suffering from asthma, hypertension, heart disease, diabetes, thyroid disease or prostatic hypertrophy should consult their doctor before using this product. Bronchospasm may be precipitated in patients suffering from asthma. Caution must be exercised in patients receiving oral anti-coagulants, diuretics or antihypertensives. Caution is also required in patients with renal, cardiac or hepatic impairment since renal function may deteriorate. Renal function should be monitored in such patients. Side effects: Insomnia, dizziness, excitability, anxiety, tremor, palpitations, dry mouth, nausea, dyspepsia, GI bleeding, loss of appetite, thirst, skin rash, hives, itching, chest pains. Less frequently: Headache, drowsiness, muscle weakness, hallucinations and thrombocytopenia. Use in Pregnancy and Lactation: There have been reports of foetal maldevelopment in animals following the use of Pseudoephedrine. Both Pseudoephedrine and, to a lesser degree, Ibuprofen pass into breast milk. The product should therefore not be used during pregnancy, or during lactation, except under the supervision of a doctor. Effect on ability to drive and use machines: None known. Incompatibilities: None known. Overdose: Overdosage may result in nervousness, dizziness and insomnia. Due to the rapid absorption of the two active ingredients from the GI tract, emetics and gastric lavage must be instituted within 4 hours of overdosage to be effective. Charcoal is ineffective only if given within one hour. Cardiac status should be monitored and the serum electrolytes measured. Pharmaceutical Precautions: No special precautions.

Category: ☐ Shelf Life: 3 years Package quantities: Blister Packs of 10 and 20 tablets. Price (RSP) £2.39 (10's), £3.79 (20's). Product Licence No: 0165/0109 Date of Preparation: July 1997.

Licence Holder: Whitehall Laboratories Ltd, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.

Trade Mark





# Bodyform shapes up

Bodyform has been relaunched with an improved body-shaped towel for improved fit and protection.

All new towels now have rounded edges instead of the previous square corners. In addition, Bodyform Invisible (ultra-thin) towels have been reformed with two grooves running the length of the towel. The grooves already exist in the normal thickness towels.

The packaging has also been updated to make it easier to recognise the different variants and their features. The Efficapt symbol, referring to patented

core material, is also carried.

A \$2.5 million TV advertising launch campaign is planned in the second half of this year, bringing the total spend on the brand to \$4m for 1998. A \$2m door drop campaign targeting 30 per cent of towel users will also kick off in mid-August.

Bodyform Pantyliners are also being featured in a \$550,000 advertising campaign in the women's press, starting now and



running through the autumn.

**Sancellia.**  
**Tel: 01622 883000.**

## In black and white

**Elida Fabergé is supporting its Organics hair care and new styling range with an £18 million black and white campaign. It will appear on national TV, in women's magazines, on ad shells and on buses.**  
**Elida Fabergé.**  
**Tel: 0181 481 6000.**

## In the stars

**Spectacular Cosmetics has launched a range of tiny fluorescent stars to apply to the face and body. The stars glow in UV light and come in four colours (rsp £2.55 per pot).**  
**Spectacular Cosmetics Ltd.**  
**Tel: 0181 903 2030.**

## Garlic offer

**BR Pharmaceuticals is running a special six for five trade offer on its Odourless Garlic 60 capsules pack during May.**  
**Trinity Healthcare.**  
**Tel: 01932 788080.**

## Juicy campaign

**Roche Consumer Health is supporting its Sanatogen Start-Up! juice drink with a new TV campaign which breaks this month.**  
**Roche Consumer Health.**  
**Tel: 01707 366000.**

## Eye opener

**Ciba Vision is supporting its VitalEyes eye care product with a £1 million summer advertising campaign.**  
**Ciba Vision (UK) Ltd.**  
**Tel: 01489 785300.**

## Mission impeccable for Immac hair removal

Reckitt & Colman is supporting its Immac hair removal brand with a new \$1.75 million TV campaign.

Entitled 'Secret Agent', the campaign will run until mid-June. The commercial stars a sexy secret agent who takes her work as seriously as her looks.

The TV campaign features the

reformulated Immac Hair Removal Creams and Immac Sensitive Underarm Stick.

It will be backed by advertising in women's magazines from May to July. The campaign features Immac Warm Wax with applicator.  
**Reckitt & Colman Products.**  
**Tel: 01482 326151.**

## Scholl makes a display of itself in pharmacies

Scholl is introducing a flexible new merchandising system to open up display opportunities.

Constructed from tubular steel and wire mesh, the system can be wall hung or used on floor standing sites or counter tops.

The system features trays to enable pharmacies to display the entire Scholl range. It can be

adapted to add new products.

The modern units are designed to make the range more accessible – particularly to younger customers.

A special 'educational area' provides clear, illustrated information to make self diagnosis as user friendly as possible.  
**Scholl Consumer Products Ltd.**  
**Tel: 01582 482929.**

## Revlon gels with Dry Skin Relief for summer

Revlon has added two new shower gels to its Dry Skin Relief range in time for summer holidays.

Intensive Shower Gel with Moisturising Body Oil (rsp £2.49) is made with jojoba and sweet almond oil to form a protective shield

against the sun, wind and sea.

Exfoliating Shower Gel with Lotion Moisturisers (rsp £2.79) contains micro-beads to gently remove dead skin cells.  
**Revlon International Corporation.**  
**Tel: 0171 629 7400.**

## ON TV NEXT WEEK

**Arrid XX:** B, G, Y, T, C4

**Canderel:** All areas except B, CTV, LWT, TT, TSW

**Imodium Plus:** All areas

**Kodak Advantix:** All areas

**Listerine antiseptic mouthwash:** GTV, STV, G, A, M, LWT, Sat

**Milupa:** C4

**Pharmaton capsules:** C

**Piriton:** Y, C, A, CAR, TT

**Slim Fast:** All areas

**Wella Experience:** Sat

**Wella Shock Waves:** Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

### PRODUCT INFORMATION: NUROFEN

**ADVANCE.** Tablet containing: 342 mg of ibuprofen lysine (equivalent to 200 mg ibuprofen) **Also contains:** Povidone, Microcrystalline Cellulose, Magnesium Stearate, Hydroxypropylmethylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171) **Indication:** For the relief of mild to moderate pain, including headache, rheumatic and muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza **Dosage:** In Adults and Children 12 years of age and older – Initial dose: 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day. **Precautions and Warnings:** History of hypersensitivity to any component of this product or to any non-steroidal anti-inflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. **Precautions:** patients will be instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsens or new symptoms occur. Use Nurofen Advance with caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nurofen Advance/or ibuprofen. Common (>1%): dizziness, epigastric pain, fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01-1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, hearing disturbances. Rare (<0.1%): oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually patients with autoimmune disease), perforations, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may prolong bleeding time by reversible inhibition of platelet aggregation. **Product Licence Number:** PL 13249/0001. **Licence holder:** Johnson & Johnson MS Consumer Pharmaceuticals HP10 9LU. **Manufactured by:** Merck Manufacturing Division, NE23 9JU. **Legal Category:** Price: Nurofen Advance 10s £1.65, 20s £2.89, 40s £5.45. **Date:** November 1993. **References.** 1. Nelson SL, Brahm J, Karn *et al.* Clin Ther 1994; **16**: 458-465. 2. Mehlisch DR, Jasper RD, Brown P *et al.* Clin Ther 1995; **17**: 852-860. 3. Hummel Huber H, Kobal G. Pharmacology Communications 1995; **5**: 101-108. 4. Cooper S, Reynolds DC, Gallegos LT *et al.* Clin Pharmacol and Ther 1994; **55**: 126 and De on tile, Boots Healthcare International. 5. Geisslinger G *et al.* Drug Invest 1993; **5**(4): 238-242.



**CROOKES  
HEALTHCARE**



# Are other analgesics up to speed?

National consumer press campaign April-July. Part of heavyweight Nurofen Advance support.

**New Nurofen Advance contains ibuprofen lysine. A number of studies have each shown that ibuprofen lysine gets to work significantly faster than solid dose forms of aspirin,<sup>1</sup> paracetamol<sup>2</sup> and even standard ibuprofen.<sup>3,4</sup>**

This makes Nurofen Advance a unique, fast acting analgesic designed specifically for people who specify speed as their priority for analgesic choice. Nurofen Advance delivers Nurofen's trusted pain relief with the additional benefit of lysine to speed up absorption.<sup>5</sup> So when customers need speed of relief to get on with their lives, recommend Nurofen Advance.

**new**

**Faster by Design**



**Ibuprofen lysine**



# MEDICALmatters

## Risk of leukaemia with vitamin K cannot be excluded, warns CMO

The risk of leukaemia in newborn babies given vitamin K cannot be excluded, says chief medical officer Sir Kenneth Calman.

In a letter sent out this week, Sir Kenneth states that, due to limitations of data, it is not possible to exclude a small risk of leukaemia in newborn babies on vitamin K.

However, the overall findings of a joint Medicines Control Agency, Committee on Safety of Medicines and Department of Health expert group is that the data did not support an increased risk of cancer, includ-

ing leukaemia, with vitamin K.

The current licensing position of Konakion – the vitamin K formulation from Roche – should, therefore, remain unchanged.

Another concern has been whether all babies should receive additional vitamin K. The latest message from the DoH confirms that all newborns should continue to receive an appropriate vitamin K regime to prevent vitamin K deficiency bleeding (VKDB).

Whether vitamin K should be given orally or by intramuscular injection should be discussed

with parents. It is the responsibility of professionals and local services to agree which regimens should be available, taking account of local circumstances.

The report also stresses that records need to be made for each baby on dose, route of administration and formulation given. Where unlicensed products are used, the responsibility lies with the prescribing doctor.

VKDB is a rare but serious and sometimes fatal disorder. Its risk is unpredictable: the best estimate is that it affects around 1 in 10,000 babies.

## Back pain suffered in silence after seeing GP

The majority of low back pain sufferers who initially consult their doctor fail to visit them again about the problem, opting to suffer in silence instead.

A new study in the *British Medical Journal* shatters the common misconception that 90 per cent of episodes of low back pain presented to GPs resolve within a month. Instead, the study found that pain was still

being experienced after one year, but that sufferers had simply stopped visiting their GP.

Over a 12 month period, the study found that 490 patients had consulted their GP about low back pain, and 463 of them had consulted for a new episode.

Of the first episode sufferers, 59 per cent had only the one initial consultation, while 32 per cent went back within three

months. When following up this last group, only 21 per cent had completely recovered from back pain at three months and only 25 per cent at 12 months.

Consulting a doctor is not, therefore, a direct measure of disability. Patients often put off going for a consultation. Treating the condition early could reduce the burden of symptoms which often lead to wider problems.

## Investing in treating drug misuse pays

Research has shown that investing money in treating drug misuse leads to positive social and economic consequences.

The latest findings from the National Treatment Outcome Research Study (NTORS) has found that treatment benefits the individual and society as a whole.

By tracking over 1,000 treated drug misusers over five years, the study hopes to measure changes in their drug use, health, and social functioning. The latest bulletin from NTORS – after a one-year follow-up – has found:

- a fall in the use of heroin, cocaine and other drugs
- the number of people who stopped using illicit opiates has more than doubled
- the number of drug misusers sharing needles fell from 19 per cent to 7 per cent among those receiving residential treatment and from 13 per cent to 5 per cent among methadone patients in the community.

## Public recognises benefits of intervention in depression

The public has recognised the benefits of medical intervention in treating depression, according to a new Gallup Poll.

Almost half of the 1,049 people surveyed believe that antidepressants are effective in treating depression. Two-thirds thought that support organisations which offer counselling, self-help exercises and telephone help-lines are beneficial.

The supportive role that friends and family played was also recognised.

Dr David Baldwin, senior lecturer in psychiatry at Southampton University, said the results are encouraging. "Antidepressants are usually essential before a person can become well enough to benefit fully from 'talking' treatments. Combining medical and other approaches, such as cognitive therapy and self-help, is likely to be the most

effective way of treating depression."

The results were presented at the launch of the National Depression Campaign, an initiative aimed at reducing the stigma of depression and raising awareness of the treatment options.

The campaign is supported by 11 organisations with interests in mental health, including the Health Education Authority, the Royal College of Psychiatrists, MIND and the Samaritans.

This year's theme will be depression in the workplace and nationwide self-training workshops have been planned.

A leaflet has also been produced for both sufferers and those supporting depressed people. Copies available from the National Depression Campaign, 35 Westminster Bridge Road, London SE1 7JB (tel: 0171 207 3293; fax: 0171 633 0059).

## Glucotrend on offer

Glucotrend Soft Test System is being offered at a promotional price of £9.99 (ex VAT) instead of the usual price of £29 (ex VAT) until August 31. Boehringer Mannheim is reimbursing participating pharmacists the £20 sale difference once they have sent a completed rebate form. **Boehringer Mannheim UK. Tel: 01273 480444.**

## Zopiclone from Cox

Cox has launched Zopiclone 7.5mg in 28-tablet blister packs. The basic NHS price is £4.48. **Cox Pharmaceuticals. Tel: 01271 311200.**

## Nasal spray from Dominion

Dominion Pharma has introduced a beclomethasone hay fever nasal spray. Each 200 dose bottle has a basic NHS price of £5.01. **Dominion Pharma. Tel: 01428 661078.**

## Biological agents list

The list of pathogens which carry risk to humans has been updated to include the latest evidence on *E coli* O157, new variant CJD and BSE. 'Categorisation 98' classifies pathogens into four groups, depending on the severity of effects. More information from: **Health & Safety Executive. Infoline: 0541 545500.**

## More OTCs to go GSL

The Medicines Control Agency is proposing to increase the strength and number of local anaesthetics on the General Sales List in consultation letter MLX 240.

The letter proposes amending the GSL Order to allow:

- the present strengths of external use lignocaine (0.6 per cent) and lignocaine hydrochloride (0.7 per cent) to be increased to 2 and 2.2 per cent respectively
- benzocaine for external use (up to a maximum of 3 per cent), lauromacrogols for external use, and bugleweed (*Lycopus europaeus*) be added to the GSL Order
- potassium chloride (up to 1.5g per litre) to be supplied for the treatment of acute diarrhoea.

Ministers have agreed to a proposal in MLX243 that phenolphthalein should be added to the Prescription Only Medicines Order because of concerns about its genotoxic and carcinogenic risks. As a consequence, the MCA proposes its deletion from the GSL Order.



# Can you treat thrush even when she's sneezing?



## Canesten can.

Drug interactions are always a concern, for example, with certain products prescribed for hayfever. Fortunately Canesten Combi, unlike some

other thrush treatments, has no known drug interactions, so it can relieve the itch immediately and clear the infection fast - whatever else she is taking.

**Canesten®** *Combi*  
Clotrimazole 1%

**Abridged product information for Canesten Combi. Presentation:** A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten Cream (containing 1% Clotrimazole BP).  
**Indication and Dosage:** Pessary for candidal vaginitis, cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** F.  
**Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included. £4.50 (PL 0010 0016R (cream)) (PL 0010 0016R (pessary)). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998.



# Avoid being shy of retiring

**Q** I have recently retired and am now looking at ways to boost my income. I have a number of PEPs, which have grown pretty well, and want to know whether I should cash them in while the markets are high and buy an annuity with the proceeds – I don't have dependants.

GL, London

**A** If you have retired only recently, you are probably too young to benefit properly from purchasing an annuity. These only become effective as you get older. Even though you may not have any dependants, you may well need access to your capital for unforeseen events, such as medical expenses or care in your latter years.

Assuming income is your main priority, you could consider transferring the existing PEPs into a corporate bond PEP, which should give you a tax free income of about 7.5 per cent and you could still retain control of the capital. Because they are not directly linked to the stock market, they should be more stable

than the current equity – based PEPs, and you may even get some capital growth too.

Transferring the existing PEPs can be easily arranged – I'm sending you a list of top providers. Other readers can get a copy of the list by calling 0121 321 3322.

**Q** I know the government is encouraging people to take up private pensions to tide them over when they retire, but what if I was forced to stop working before I retire?

BS, Cardiff

**A** Some people may hope their employer would let them take early retirement on medical grounds, but companies are becoming tougher over this.

Just as retirement state benefits have been reduced, so have those for people who are unable to work long term through illness or injury. Incapacity benefit, which replaced invalidity benefit, is much harder to get and is worth a lot less, partly because it is taxed and not indexed linked.

The effects on a family which loses the income of a breadwinner can be catastrophic and could mean years of trying to survive on less than £5,000 a year. If their home is mortgaged, it could also be at risk.

Most of us insure our lives, cars, house and contents, yet the last three can always be replaced. Think how many people drive and the relatively few accidents they have, yet one in three people will develop cancer at some point in their lives, and you are five times more likely to suffer a serious illness before 65 than you are of dying. It means an alarming number of families face severe financial hardships.

Two types of protection cover this area. Critical illness cover provides a lump sum, while income protection replaces your salary.

Critical illness policies are often used to protect debts, and can be included in policies connected with a loan, such as mortgage protection cover or endowments. They will clear the debt in the event of a claim, so at least the house would be taken care of. Such policies are generally

not that expensive.

Income protection plans are also affordable, provided you can wait a few months for the claim to be paid. These plans continue to pay a tax-free income until you can either return to work, or until a specified age, such as 60 or 65.

Younger pharmacists should note that the level of cover should increase to help offset the effect of inflation. Many plans are available and an independent financial adviser will help you to choose one that suits your needs.

Free fact sheets on critical illness and income protection are available by calling 0121 321 3322.

*Hari Sidhu is an independent financial adviser with Weston Financial Services, which is regulated by the Personal Investment Authority. Answers given are for general guidance only and specific advice should be taken before acting on any of the suggestions made. Information is based on our understanding of current tax practices which are subject to change. The value of shares and investments can go down as well as up.*



## Watch Your Sales Rocket with HealthAid

Following the reported use of ginseng by Cosmonauts and the popularity of ginkgo more and more people are discovering the benefits of these two products.

This message is to be continually reinforced over the coming year in HealthAid's extensive advertising campaign. So if you want to join the space race, the shelf space race that is, then get on board and ask your local HealthAid representative for further information.

For sales enquiries including export call:

**Pharmadass Limited,**

16 Aintree Road, Greenford, Middlesex UB6 7LA U.K.

Tel: + 44 (0) 181 991 0035 Fax: + 44 (0) 181 997 3490

E-mail: Sales@Healthaid.co.uk <http://www.Healthaid.co.uk>

**HealthAid**

THE PROFESSIONAL CHOICE



# Who can offer the fastest growing thrush treatment?



## Canesten can. Oral treatments can't.

Over the past 2 months Canesten Combi has grown 80% in value compared to the same period a year ago - and we're still growing.

**Canesten®** *Combi*

Clotrimazole 1%

That's over one third more than the leading oral treatment, bringing more cash sales into your pharmacy than ever before.

**Abridged product information for Canesten Combi. Presentation:** A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten Cream (containing 1% Clotrimazole BP). **Indication and Dosage:** Pessary for candidal vaginitis, cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P (pessary). **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included. £4.50 (PL 0110/0016R). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998. **Reference:** 1. ACN 98/01. Retail Audit defined market Jan/Feb 98 v Jan/Feb 97.



Prophylactic use of antibiotics by dental patients to prevent infective endocarditis is frequently seen in the pharmacy, but what other considerations are there relating to oral and general health?

# The whole tooth

Looking a gift horse in the mouth can reveal the age and general health of the beast – and may not always be a welcome sight. In a similar way, the oral health of humans is beginning to reveal information about the likelihood of the subject developing other general health conditions.

Earlier this year, a paper presented at the American Association for the Advancement of Science Conference in Philadelphia highlighted the connection between gum disease and cardiac problems. Mark Herzberg of the University of Minnesota spoke about how the bacteria found in dental plaque can trigger the first stages of blood clotting. In the long-term, this can lead to the development of thrombolysis and ultimately myocardial infarction.

His work had looked at introducing *Streptococcus sanguis*, commonly found in human plaque, into rabbits. It was found that these bacteria produce a substance, platelet aggregation associated protein or PAAP, which can trigger clot formation. The infusion raised blood pressure and heart rate with 'dose' related effects.

A review of research papers, published in January by Professor Robin Seymour and Dr James Steele of the University of Newcastle Dental School, concluded that periodontal disease could be just as significant a factor in coronary heart disease as smoking and cholesterol levels.

Studies cited included one in 1993 involving 10,000 people aged between 25 and 74 which found that patients with periodontal disease had a 25 per cent increased risk of CHD. A 1996 study involving over 1,000 men found the incidence of CHD, fatal CHD and stroke were all significantly related to periodontal status.

Evidence is also mounting that certain chronic infections may play a part in atheroma formation. Periodontal disease should be considered as one of these chronic infections, said Professor Seymour. There may also be a link between oral infections and respiratory disease.



The link between osteoporosis, tooth loss and periodontal disease is also being studied. An epidemiologist at the State University of New York in Buffalo, Jean Wactawski-Wende, looked at 2,600 post-menopausal women and has found a strong association between weak bones and oral problems.

As such, she stressed the importance of alerting osteoporotic patients to the significance of having proper dental care.

## Xerostomia

One of the factors contributing to gum disease development can be dry mouth or xerostomia.

Ethical Research Marketing estimates that there could be as many as 10 million sufferers in the UK. This figure is based simply on the number of prescribed medicines which have dry mouth

ars, buffer the teeth and provide ions for remineralisation.

When these protective properties are absent due to xerostomia, caries can rapidly develop – in weeks or months rather than over years, and often in sites which do not usually develop caries. Opportunistic infection such as candidiasis is also common.

In an article in *The Dentist* last year, Keith Figures, director of the School of Dental Hygiene at the Charles Clifford Dental Hospital, Sheffield, said that the commonest cause of xerostomia seen in dental practice is drug induced. "It is a sad fact that many of our medical colleagues do not discuss the effects of drug therapy on the mouth," he wrote.

## The F word

Water fluoridation is an ongoing battle. At present, only about 10 per cent of the water supply is fluoridated. In its recent Green Paper, 'Our Healthier Nation', the Government says: "There is still an unacceptable wide inequality in the levels of tooth decay in children. The evidence shows that fluoridation of the water supply to the optimum level of 1ppm can substantially reduce the amount of decay in children from similar backgrounds."

A recent example is given where the water supply to Sandwell in the West Midlands was fluoridated in 1986. By 1995 the amount of tooth decay had halved. A comparable area without fluoridation saw little change over the same period.

Additionally, in March, health minister Alan Milburn said: "Appropriate use of fluoride improves health by reducing dental caries, partly through the retention of fluoride in the teeth, without any known adverse effects on health."

Currently, legislation leaves it to the water industry to decide whether to agree to a health authority's request to fluoridate the water. However, the Green Paper says that the current situation needs to be reviewed as it recognises the strongly held views both pro- and anti-water fluoridation.

as a common side effect. It does not take into account those who might be suffering because of diabetes, Sjorgen's Syndrome, lupus, Parkinson's disease, leukaemia, radiotherapy, head and neck surgery and so on, says ERM's business development manager for oral care, Mary Gibbs.

The lubricant properties of saliva come from mucins. These also deter bacterial adherence and colonisation as well as protecting tissues from physical damage and helping resistance to thermal change.

Proteins in saliva, such as lysozyme, can degrade bacterial cell walls, while others, such as histatin, lactoferrin and lactoperoxidase inhibit microbial growth. Salivary antibodies such as secretory IgA and salivary lipids protect against caries. Additionally, saliva will dilute and aid clearance of dietary sug-



While welcoming ideas on how best to test public opinion in particular localities, the Government "is of the view that fluoridation offers an important and effective method of protecting the population from tooth decay".

The basis of fluoride-containing oral preparations is to provide a fluoride reservoir around the teeth. This can retard demineralisation and promote remineralisation. In the process, some fluoride will be incorporated into the tooth, and by using a fluoride toothpaste or mouthwash, the fluoride reservoir is further established around the tooth.

The lobby against water fluoridation argues that there are already too many chemicals in our environment and that automatic water fluoridation is an infringement of civil liberties. In addition, the adverse effects of long-term, low-dose fluoride are not fully understood.

Dr Blackholly points out that the only risk of excess fluoride is to children below six years while their secondary teeth are forming in the gum and bad caries in milk teeth can have an effect on secondary teeth coming through the gum.

Her advice is for parents to make sure that children only use pea sized amounts of fluoride containing toothpaste and are supervised to make sure they don't swallow large amounts.

## 'Toothnology'

In Grampian, where over half of five-year-olds already have some degree of tooth decay, the Health Board unveiled 'Toothnology' in January. This is a strategy to improve oral and dental health and has been developed in response to the Oral Health Strategy for Scotland from 1995. This concentrated on the need for continuous and concerted efforts to achieve better dental health, with a particular focus on young people, and should see the benefits carried forward into future generations.

'Toothnology' is a multidisciplinary campaign featuring cartoon images to get the message across. It focuses on the importance of four key messages:

- brushing regularly with fluoride toothpaste
- avoiding snacking on sugary foods throughout the day
- having fewer sugary foods and fizzy drinks
- registering with a dentist and

visiting regularly for check-ups.

One of the five main elements to the strategy is sugar free medicines. GHB says that many medicines for young children contain a high proportion of sugar, which could be removed without any detrimental effectiveness of the medicine. The Health Board intends to highlight the dispensing of sugar free medicine for children as one of the ways to improve oral health.

A similar strategy was approved in February by Co Durham Health Authority. Its aims include encouraging doctors to prescribe and pharmacists to supply sugar free medicines, training health workers on the subject and organising health promotion campaigns to encourage people to register with a dentist.

## Chewing it over

Earlier this year, the Wrigley Company of chewing gum fame launched its Oral Healthcare in Action (OHA) initiative.

OHA is a programme communicating the importance of good oral health to the dental profession, all members of the primary health care team and the general public. Based on 20 years of

research, Wrigley points out that the British Dental Association and World Dental Federation recognise the benefits of chewing sugar free gum as part of an effective dental care routine.

A 60 page report intended to provide a concise overview of oral health in the UK and the role of health care providers, is available for health professionals. For further details or to enquire contact the OHA 'hotline' on 0800 0561563 or write to Oral Health care in Action, Freepost LON 513, London SW19 5BY.



## Could you tell your best friend...?

In this age of heightened personal awareness, one of the few remaining taboos was finally addressed last month with the first ever National Fresh Breath Week.

Organised by the central London-based Fresh Breath Centre, the week set out to raise awareness of the emotional and health problems that can be associated with halitosis. The Centre says that 96 per cent of the British population worry whether their breath is fresh when in social or professional situations. A further survey of 1,000 diagnosed sufferers looked at why they had sought treatment. Two thirds cited the effect that bad breath had on their sex lives, with either a reduction or cessation of activity.

In over 90 per cent of cases, bad breath is caused by excess bacteria and debris in the mouth, says the Centre and occurs fairly evenly between the sexes, although males often have the more 'potent' bad breath.

Having a bad taste in the mouth can be a strong indicator of the problem, with 81 per cent of patients reporting an almost constant bad taste unrelated to any food substances eaten. This taste varies from sour to metallic, but patients can take extreme measures to remove this taste – one respondent reported gargling with bleach.

Diagnosis of bad breath is best made by smell. The Centre uses 'professional odour judges' as well as a halimeter to characterise the type of odour in an attempt to find the root cause and extent.

Three quarters of people report having a dry mouth. This can encourage bacterial growth, particularly on the back of the tongue, and can exacerbate the smell, especially among 'mouth breathers'. Alcohol can worsen the problem with its dehydrating effect.

So what does the Centre recommend for improving the problem? Firstly, being able to tell whether you have bad breath can be difficult – and is certainly one of the hardest things for family members or close friends to mention. But if you suspect you have bad breath or are experiencing a nasty taste, ask a loved one to be totally honest with you, says the Centre.

Oral hygiene can be improved by routinely flossing twice daily and by brushing the back of the tongue, either with a tongue cleaner or a tooth brush, to remove the oral bacteria that causes bad breath. Use of a medicated mouthwash, which will remove the bacteria and debris, rather than just masking the odour, can also help.

The Fresh Breath Centre can be contacted at Conan Doyle House, 2 Devonshire Place, London W1N 1PA. Tel: 0171 935 1666.

## When in Rome ...

Things have changed since the days when a frayed stick was commonly used to clean your teeth. But one aspect that may not have improved is the frequency with which the British public changes its toothbrushes.

Put in a European perspective, the UK fares quite poorly with the public changing their toothbrushes on average only once every ten months. Figures for 1996 suggest only half the population purchased a new brush. Over in Italy, the proportion of people replacing their tooth brush once a month is 23 per cent, in France 19 per cent, and in Germany 15 per cent. But here in the UK the figure is a mere 10 per cent.

However, as Colgate Oral Pharmaceuticals country manager, Helen Blackholly, points out, European oral hygiene habits show a lot of differences. If you look at mouth rinse purchases in the past two to three months, 23 per cent of people in the UK have bought one, she says. This compares with 33 per cent of Germans, 29 per cent of Italians but only 14 per cent of the French.

What is emerging, though, is a trend towards adopting more preventative measures. People are trading up to added-value products such as fluoride tooth-

pastes and a growing number of households use three or more brands of toothpaste to cater for the needs of different family members.

The pharmacist is ideally placed to be part of this, says Dr Blackholly. "I would like to see pharmacists say "How can I get involved?", she says. "If the pharmacist is able to recommend products or offer reassurance, guidance and support, they can underpin the advice of the dentist. I hope we will grow awareness that there is a good deal of value the pharmacist can add in meeting customer needs."

People want the reassurance that these are the best products they can buy and pharmacists have the opportunity to sell products that the grocers cannot supply. Pharmacists should also be thinking about how the products are presented or whether staff are appropriately trained.

The teamwork of the dentist recommending a product and the pharmacist being able to take the customer through the product can be crucial. "The message of both professionals has to be consistent and clear – the public are more likely to follow the advice of two professionals."

Colgate is supporting the oral health education of pharmacists



## Major toothpaste brands, all chemists (excl Boots)

	Yr ending Feb 97	Yr ending Feb 98	% change on year
Colgate Dental Cream	3,142	3,542	12.7
Macleans	1,914	2,008	4.9
Other private label	164	118	-28.2
Sensodyne	2,794	2,956	5.8
Aquafresh	1,136	1,090	-4.1
Crest	771	528	-31.4
Signal	395	426	7.7
P/drops	670	719	7.3
Arm and Hammer	495	456	-8.0
Mentadent P	414	325	-21.6

Source IRI InfoScan

with a range of measures including detail aids, educational fact sheets, and the Colgate Pharmacy Newsletter. In addition, patients' booklets are distributed through dental surgeries.

Promotional activity has included a regional radio competition for the Colgate Sensation range. A simultaneous campaign has also been running in women's magazines and the Sensitive toothbrush is carrying an on-pack instant win promotion.

Recent activity on the product front has been the relaunch of Plax and the expansion of the COP specialist range with Peroxyl.

The British toothbrush market is worth about \$110m per year, representing about 73 million toothbrushes. This is a market that will see continued growth, according to a spokesperson from Wisdom Toothbrushes, acquired last December by one of Europe's leading toothbrush manufacturers Jordan AS. But growth could be a lot greater if people were to change their toothbrushes as frequently as recommended by dentists – every three months not every three seasons.

Dental hygiene habits also fail when it comes to following recommended techniques. A significant number of people (31 per cent) only brush for between 30-60 seconds unlike the 2-3 minutes recommended by dentists. Part of the problem can be the lack of suitably designed toothbrushes on the market to encourage the habit, says Wisdom.

However, it has worked to rectify this with the launch of its Orbital toothbrush which it claims is the first manual toothbrush to encourage the recommended circular brushing technique.

When it comes to toothpaste, consumer research by Harris Research for Smithkline Beecham has found that purchasing is driven by habit and familiarity with the product.

Having the right flavour is equally important and brand loyalty is fairly strong with 65 per cent of consumers remaining

loyal to the same brand, reducing the price influence. However, toothbrush choice is more price sensitive as half of the respondents sought 'value for money'.

One aspect that may be heartening is that the children's oral care market is growing. In 1997, growth reached 11.9 per cent (MAT Jan '98 Nielsen Retail Audit), outstripping the growth rate of the total toothpaste market, says SB. Children's toothbrushes have been focused on increasing brushing fun through shape and colour, ergonomic design and coloured bristles.

SB is targeting its oral care education at children with a pre-school educational programme, 'Healthy teeth, clean teeth, happy teeth' in conjunction with the Macleans oral care range for children.

Information materials concentrate on three main components – eating healthily, brushing teeth and having regular dental check ups. Colouring competitions, stickers and a large chunky jigsaw feature in the programme for children, while parents are targeted with information leaflets including money-off coupons.

Another tack that can be taken in oral hygiene is to minimise the amount of infection that is being introduced into the mouth.

The launch last September of Brushtox, the antiseptic tooth-



The toothbrush cleaner Brushtox is a new direction in oral hygiene

## BUSINESS PROFILE

### Stafford-Miller

**What's Stafford-Miller's oral history?** SM entered the oral care market more than 30 years ago with the UK launch of Sensodyne Toothpaste.

**Why was this so special?** At the time Sensodyne was a professional only brand, but its strong heritage and high level of professional endorsement (98 per cent recommendation – ADS 1996) means SM is now a major player in the oral care market.

**What are the figures?** The total toothpaste market of £231.6m\*, with an 8.1 per cent year on year growth. In the sensitive toothpaste sector, Sensodyne claims an 81 per cent share\*. It's the number two toothpaste brand in pharmacy with an 18.6 per cent share\* and is one of the fastest growing brands with 12.7 per cent year-on-year\* growth.

**What about its other products?** SM is proud of its portfolio that includes products for every age. For children there are Sensodyne Character toothbrushes (including Barbie) and Endekay fluoride supplements. For adults, besides Sensodyne Toothpaste, there is Sensodyne Gentle Mouthrinse and a range of toothbrushes, and Poli-Grip Ultra, Dentu-Creme and Super Wernets for those with dentures.

**Did you say Barbie?** Yes, and there is a Barbie toothpaste, launched in January, featuring 'Glamour' Barbie with a tutti-frutti flavoured pink gel. The children's range includes Winnie the Pooh and Smiles toothbrushes.

**Why?** "The range has been carefully designed to motivate and encourage good oral hygiene habits from an early age."

**So how are the adult toothbrushes doing?** The market is showing growth of 6.6 per cent year-on-year but consumers are still ignoring good advice and replacing their brush only once every ten months.

**What are you doing to combat this?** Sensodyne Switch should encourage better oral hygiene. Each pack has a replacement head so a new head can be used as soon as the old bristles begin to wear out.

**What about other products?** Sensodyne Gentle Mouthrinse launched last year claimed a 2.2 per cent share of the £44m total mouthrinse market\*. Concerning dentures, the total pharmacy denture cleanser market is £4.4m of which Dentu-Creme has a 21.1 per cent share. Denture fixatives are worth £4.8m in pharmacy, of which Poligrip claims a 31 per cent share and the Wernet brand takes 21.7 per cent.

**How is SM committed to supporting the pharmacist?** SM acknowledges that the role of the community pharmacist in encouraging good oral hygiene is invaluable. To support this, SM provides a range of promotional material such as consumer leaflets **And on the subject of money?** Current trade offers include price marked packs of Sensodyne Toothpaste, and money off coupons for Sensodyne Gentle Mouthrinse in packs of standard Sensodyne F. TV advertising for Sensodyne Toothpaste will feature large with a £4m campaign spend through 1998. The Sensodyne Gentle Mouthrinse and Toothbrushes range will air this month and appear in women's consumer press advertorials. For denture care products, the promotional support will be in excess of £2m, including national television and in-store support.

\* Nielsen: Food and Pharmacy Jan/Feb 1998

brush cleaner, was seen as another way of combating the organisms responsible for gingivitis, periodontitis, dental caries and oral thrush.

Since then, interest has grown in its possible role in helping prevent recurrent mouth ulceration and cold sores. Interest from hospitals for use in patients prone to chronic infection has prompted the company to say: "In five years time, toothbrush antiseptics will be on the shelf in every bathroom where there is a toothbrush, and the health of the general public will have improved."

Brushtox is available from AAI, Enterprise, Numark and other independent wholesalers. Pharmacies experiencing problems obtaining the product should contact Ceuta Healthcare on 01202 780558.

Perhaps the product would do well in Italy where 48 per cent of the population claim to brush their teeth more than twice a day. By the way, this is more than double the rate of the French, British or Germans.



# Sensodyne storms ahead.



When you already dominate the market so completely, with a 90%<sup>1</sup> share of the sensitivity sector, the only way to keep going is forward. Especially when you outsell your nearest rival by 7 to 1, and are the second best selling toothpaste overall in pharmacy.<sup>2</sup> Sales grew when we added triclosan to Sensodyne F, so now that we've added triclosan to Sensodyne Gel too,

and improved the fluoride levels, our impressive 10.1% £ share<sup>3</sup> of the total toothpaste market is set to grow even further.

We're spending £3.65 million telling people about New Improved Sensodyne F and Gel this year. We also have a brand new T.V. commercial aimed at younger and more modern customers, and a triple protection message explaining that

Sensodyne fights pain, tooth decay and helps fight gum disease. With customers being persuaded to use Sensodyne twice a day, every day to build long term protection, and new eye-catching packaging which customers will notice, sales growth is brewing on every front. You'd better stock up now, or the storm might just catch you out.

**Sensodyne. Way out in front.**

**Prescribing Information. Presentations:** Sensodyne F: potassium chloride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in white mint flavoured dentifrice base. Sensodyne Gel: potassium chloride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in translucent blue gel mint dentifrice base. **Uses:** Relief from the pain of dental sensitivity, an aid for the prevention of dental caries and contains an antimicrobial agent with proven anti-gingivitis activity. **Dosage and Administration:** To be used 2-4 times daily in place of regular toothpaste, with a correctly designed toothbrush. **Contra-indications, warnings etc:** Sensitivity to any of the ingredients. Sensitive teeth may indicate an underlying problem which needs prompt care by a

dentist. See your dentist as soon as possible for advice. **Packaging quantities:** Sensodyne F: tubes of 45ml and 75ml. Pump dispenser of 100ml. Sensodyne Gel: tubes of 45ml and 75ml. **Legal Category:** GSL. **Product licence nos:** Sensodyne F PL00036/0085 Sensodyne Gel PL00036/0086. Further information is available from Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP Tel. 01707-331001. Date of revision January 1998. Sensodyne is a trademark of Stafford-Miller Ltd. **References:** 1 Nielsen Jan/Feb 1998 2 Nielsen CROS Jan/Feb 1998 3 Nielsen (Pharmacy/Grocery) Nov/Dec 1997

**STAFFORD-MILLER**



# What's new?

● A generic Chlorhexidine Gluconate 0.2 per cent Mouthwash has been launched in the UK.

The mouthwash has a GSL licence and is indicated in dental plaque, gingivitis, gingival healing and management of denture stomatitis and thrush.

The mouthwash comes in original and peppermint flavours in 300ml plastic bottles which retail at £3.85.

Manufacturer Adams Healthcare has appointed Blackwell Anaesthetic Supplies as distributor.

**Blackwell Anaesthetic Supplies Ltd. Tel: 01634 877620**

● Retardent toothpaste and Retardex oral rinse are being launched to tackle the problem of bad breath.

Many mouthwashes and toothpastes merely mask the volatile sulphur compounds which give rise to bad breath. Supplier Periproducts says the patented formula Closys II, incorporated in Retardex and Retardent, oxidises these sulphur molecules, eliminating bad breath at source.

The oxidant activity has stain removing qualities with low abrasion levels, says Periproducts. Another benefit is that Retardent does not contain the foaming detergent sodium lauryl sulphate which can contribute to mouth ulcer problems. Both the alcohol-free Retardex and Retardent retail at £7.95.

**Periproducts. Tel: 01895 625595**

● Janina International is concentrating efforts this spring on promoting its Opale toothpaste and cleansing spray in the pharmacy market. Last week, distributor Paul Murray's sales force started promoting the Janina 'oral care system' to independent pharmacies.

The company is keen to stress that Janina acts to whiten teeth "without using harmful abrasives" as well as fighting plaque and caries. The products contain 'Bromain Complex' to remove intrinsic and extrinsic staining, papain and bromelain to remove plaque proteins, triclosan and zinc citrate to fight plaque-forming bacteria and oxygen producing agents to enhance enzymatic action. Fluoride is provided by sodium fluoride and sodium monofluorophosphate.

**Paul Murray plc. Tel: 01703 261946.**

● Warner Lambert Consumer Healthcare has launched a \$4 million advertising and promotional campaign for its market leading Listerine mouthwash.

Nationwide television advertising using its award-winning 'Tooth fairy' commercial has already started. The spend has been increased to \$2 million and the adverts are appearing at peak times in two bursts: the second runs from June to September.

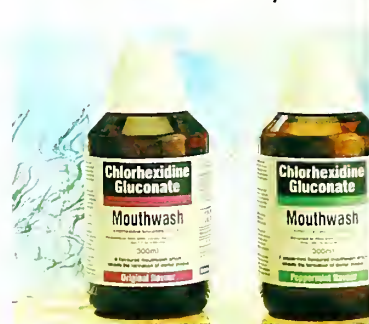
Last June, Listerine was awarded BDA accreditation. It has seen a year-on-year sales growth of 30 per cent to November/December 1997 (Nielsen) and is the UK's top selling anti-septic mouthwash with a 25 per cent share of the daily mouthwash category went up 5.6 per cent.

**Warner Lambert Consumer Healthcare. Tel: 01703 641400**

● Pearl Drops has been relaunched with new packaging and a reformulation. The move



Bioral in its new-look livery



Generic chlorhexidine mouthwash

follows the success of the Pearl Drops Advanced Whitening formulas of Icemint and Sensitive.

The new look includes the Original Freshmint, New Formula Spearmint and New Doublefresh containing calcium and two added fluorides.

**Carter Wallace Ltd. Tel: 01303 850661**

● Steradent will see some change in the next couple of months. Reckitt & Colman is hoping to increase its brand's market leading 46.1 per cent value share in pharmacy with a new look and improved formulations.

Improved triple action Steradent Fresh and Steradent Original cleaning tablets are being introduced at the end of May, with an improved cleaning action. Steradent 3-minutes has been reformulated and will be available from June.

New packaging graphics are also being introduced across the range to help the range stand out. Marketing support includes a professional endorsement programme with trial samples being distributed through dental practices.

**Reckitt & Colman Products. Tel: 01482 326151**

● Natural White (UK) is distributing its Brilliant Tooth Whitening System through pharmacies. Natural White says that the gel will remove stains and discolouration from teeth and lighten them with a noticeable effect after just one week.

It is applied using a mouth tray containing the gel. An accelerator is applied directly to the teeth and then the user bites into the gel holding it in the mouth for ten to 15 minutes two or three times a day. Users must then brush their teeth using Brilliant Whitening Toothpaste.

The system retails at \$12.95 for



Brilliant Tooth Whitening

Philips Jordan is pressure sensitive

**It's electric...**

With growing awareness of a need for better oral hygiene and consumers trading up, the electronic toothbrush market is set to take off, believes Philips.

Sales have been escalating, with growth of 85 per cent in 1997. "We expect sales to increase by at least 50-60 per cent this year," says Philips Personal Care product manager Caroline Herold. She says more consumers now understand the

merits of electronic oral cleaning.

The Philips Jordan Active Tip from the 2-Action Plaque Removers range uses an oscillating brush-head and controlled soft pressure brushing system to prevent gum damage. The use of the independently-moving 'Active Tip' helps improve interdental plaque removal while pressure sensors warn the user when the optimal pressure level is exceeded.

Other features in the Philips Jordan range, which has British Dental Health Foundation accreditation, include two-speed control and a two-minute timer. This bleeps after every 30 seconds prompting the user to move to another part of the mouth.

Short tooth-brushing time — a national average of 37 seconds — has prompted Braun to introduce a range of timed electronic brushes. One of its newest products is the D9 Ultra Timer Plaque Remover range which incorporates the two minute Stop-Go Timer.

The Braun Oral-B InterClean launched in the autumn is intended for daily interdental cleaning and can be as effective as dental floss in reducing gingivitis says Braun.

Another way to clean the teeth is to use sonic power. The Sonicare system uses sonic vibrations and brush strokes at 31,000 strokes per minute. Normal electronic toothbrushes usually operate at between 2,000 and 6,000 strokes per minute.

The manufacturers say that because the sonic vibrations exert an effect up to 4mm away, it can help remove bacteria from below the gum line.

An alternative system is to combine electronic brushing with a power oral douche. Wahl Europe says its Cleanodent Dental Care system will encourage oral hygiene by offering the user the opportunity of a power operated mouthwash when using a toothbrush to reduce bacterial film in the mouth.

Using inbuilt ionising power is another approach. The Hy-G Ionic toothbrush from Periproducts works on the principle of reversing polarity. The company says that plaque is naturally positively charged which encourages it to bind to the negatively charged teeth. The Hy-G toothbrush works by imparting an imperceptible positive charge through the brush affecting the tooth polarity causing it to repel plaque.

An added bonus is that this iontophoretic action may help reduce tooth sensitivity by encouraging fluoride to work more effectively.

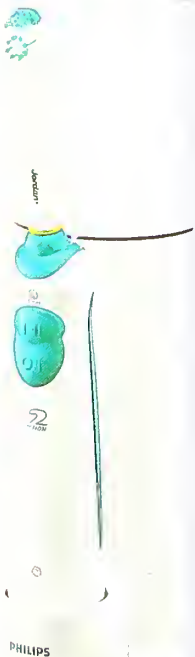
Medielite acts as a distributor for the Braun Oral-B electronic products and Sonicare and will be at this year's Chemex.

**Philips DAP. Tel: 0181 689 2166**

**Medielite plc. Tel: 0181 841 4144**

**Wahl Europe Ltd. Tel: 01227 740066**

**Periproducts Ltd. Tel: 01895 625595**







Janina – low abrasion whitening

30 applications. A 100ml tube of the toothpaste for ongoing maintenance retails at \$4.45.

**FDD International Ltd (dist). Tel: 01784 464547**

● Arn & Hammer Dental Care says it is reformulating its Fresh Mint gel to provide “a smoother, fresher taste”. New pack graphics on the Cool Mint and Fresh Mint variants will highlight key product benefits, update the look and clearly differentiate between the separate flavours.

**Chemist Brokers. Tel: 01705 222500**

● This month sees the relaunch by Seven Seas of the first of six OTC brands acquired from Smithkline Beecham being marketed under the Merck Consumer Health banner.

Bioral Gel mouth ulcer treatment will be targeted at the 20 per cent of the population who suffer from recurrent ulceration up to six times a year. It is also estimated that 90 per cent of sufferers do not treat their ulcers.

The mouth pain market is worth about \$12m, says MCH product manager Chris Blincoe, who points out that there is a huge growth opportunity for



Retardent attacks odour and stains



Orbit – tooth-friendly for children

marketing the product as being one of the few which heals whilst numbing the pain.

**Merck Consumer Health Products c/o Seven Seas Ltd. Tel: 01482 375234**

● Flossbrush is being introduced to the UK by Cirrus Air Technologies. It incorporates dental floss with fluoride woven into a mesh and bonded to a supple plastic toothpick. This makes it particularly suitable for cleaning around dental braces, implants and bridges, says the company.

Advertising featuring US entrepreneur Victor Kiam and other public relations activity will support the product.

**Cirrus Air Technologies, Tel: 01304 620199**

● Macleans Milk Teeth toothpaste is being packaged with a newly designed Milk Teeth toothbrush and an educational leaflet in a starter kit to encourage young children into a daily cleaning routine.

With the theme ‘As easy as ABC’, the Macleans Milk Teeth training kit, priced \$2.19, is aimed at parents of children up to the age of six years. With a redesigned paste and brush featuring “bright, strong colours”, Smithkline Beecham says the kit should stand out well on the baby or oral care fixture. The paste and brush both have BDA accreditation.

SB claims a 40.3 per cent share for its Macleans Milk Teeth toothpaste in the children's pastes section. The kit launch is being supported with an annual package worth about \$0.5 million. Coupons worth 50p off future purchases are contained in the kit and advertising will first appear in the June parenting titles. Sampling and couponing in the Bounty Bag initiative will reach 98 per cent of new mothers.

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151**

● Wrigley's is claiming the launch of Orbit for Children is the first sugar-free chewing gum specifically designed for children to help protect teeth after meals and snacks. The gum carries World Dental Federation accreditation with the claim “chewing fights plaque acid and helps strengthen teeth against decay”.

Following its success in other European countries, the ‘fun’ fluorescent-pink wrapped gum has been introduced into the UK, with national television advertising starting last month. It is also being featured in the Wrigley Oral Healthcare in Action programme which is targeted at dentists and other health professionals.

**The Wrigley Company Ltd. Tel: 01752 701107.**

# Introducing Flossbrush.

For people who hate to floss—the no-mess, convenient floss system **with fluoride** for better protection.



*Flossing Made Easy... and Contains Fluoride.*

- Removes plaque simply and effectively
- Applies fluoride to strengthen teeth enamel
- Proven sales results
- Effective for daily cleaning around implants, bridges and braces
- Recommended by dentists

**Supported by advertising and public relations.**

Order now from your local wholesaler or call **01304 620199.**

*Another fine product from Cirrus Technologies, makers of EarPlanes®.*

©1998 Cirrus Technologies, L.L.C.



# In the frame

**Unipath wants to offer women the opportunity to monitor their reproductive health from menarche to menopause. C&D talks to UK general manager Dr Kerris Bright**

**T**hree weeks into the job as UK general manager for Unipath, Dr Kerris Bright was pulled off a training course and told the BBC wanted her on its consumer programme 'Watchdog Healthcheck' to rebut allegations over the reliability of the Persona contraceptive system.

That was in April last year. It was, she recalls, "a real baptism of fire". The programme followed press coverage which had appeared out of the blue one Tuesday. Dr Bright was in front of the cameras for two consecutive weeks.

"At the time of the programme, we had sold 100,000 Persona monitors. We were aware of 450 women who had had an unplanned pregnancy. That was in line with expectations. Everything we are aware of today is fully supportive of the 94 per cent reliability figure that we have quoted," she says.

Unipath would be hard pushed to find a better advocate for its product range and vision than Dr Bright. She exudes indignation that some women might want to take the company to court over a device that provides significant benefits for many more.

"We have invested \$15 million in developing Persona, which

included one of the largest prospective contraceptive efficacy trials ever undertaken in Europe," she says. "Threats of litigation are not in the long-term interests of women's health. I'm sure it will make manufacturers think twice about committing to future developments in this area."

Despite all the media uproar, there are no legal proceedings in hand, although some women have been granted limited legal aid. Unipath has offered to meet their legal representatives and provided them with an independent evaluation of the trial results.

"I feel we have been responsible in communicating both the

benefits and risks of using Persona. All of our promotional material mentions the 94 per cent efficacy. We know that the idea of a method with no side effects is a very attractive offering, but there is clearly a limit to the level of reliability it can provide – after all, no method is 100 per cent effective," says Dr Bright.

Unusually, there is no regulatory framework in the UK for devices like Persona, and it does create difficulties for companies like Unipath. There is no requirement to register the product, although the Medical Devices

**The way we see Unipath's future offers a significant opportunity for pharmacies**



**Armed with a PhD in molecular neuroscience from the University of Sussex, Kerris Bright joined the Unilever management development scheme in 1991. She joined Unipath in 1994 as international business manager responsible for Clearblue and Clearplan in southern Europe, Africa and Australasia. She took over as UK general manager in March 1997**

Agency is responsible for following up complaints over safety and claims.

"We provided them with clinical trial dates. We came out with a clean bill of health," says Dr Bright firmly.

For Unipath the whole episode has highlighted the general level of ignorance that exists in the UK with regard to contraceptive reliability, and how difficult people find it to weigh up the benefits and risks of different methods.

"At the moment Persona is the only method of contraception which can be bought in pharmacies that talks about reliability – you don't see it mentioned on ads for condoms. I would call on others to do the same as it would help consumers' understanding of the benefits and risks involved."

Some 120,000 Persona monitors have been sold to date. Although the company anticipated the rate of sale would slow after the initial surge, the negative publicity clearly has had an effect.

However, a \$1m promotional campaign for the brand started in

April, which included advertising in the women's press. In addition, independent pharmacies are being offered the opportunity to have their window merchandised for free to tie in with the advertising.

Dummy packs are available so that the real thing does not have to be put on display, along with other point of sale material. There is also a direct telephone line (0990 134430) to deal with any trade inquiries.

Unipath put a major effort into training when it rolled Persona out to the rest of the pharmacy sector at the end of last year. Over \$2m was spent on a programme that saw 44 training seminars being held across the country. Over 2,000 pharmacy staff were briefed, with the offer of one-to-one training extended to pharmacists unable to attend.

Dr Bright says she was not entirely happy with the turn out. There was a strong commitment from the multiples, but the level of response to independent training evenings was "disappointing". Excluding Boots, under half of pharmacies stock Persona



**The Unipath product range – the secret of the technology is in the stick**



## The technology's in the stick

What do Unipath and Elida Fabergé have in common? Not a lot, other than that they are both subsidiaries of the Anglo-Dutch multinational Unilever. Unipath was founded in the early 1980s. It now makes and distributes products to over 100 countries around the world from its Bedford headquarters.

The company's first market offering was Clearblue, the first one step pregnancy test and now a world leader. Clearplan, a home ovulation prediction test, followed soon afterwards.

Persona, a method of contraception based on monitoring a woman's hormone levels, was launched amid a storm of controversy in September 1996. News that the company had granted Boots 12 months exclusive distribution had the pharmacy sector up in arms.

As with Unipath's other products, the test stick is where the technology lies and where most of the company's patents are based. Persona's test stick provides the first home use dual immunoassay capable of detecting two hormones simultaneously.

Unipath is unashamedly partial – men don't get a look in as far as the corporate credo is concerned. Its vision of the future sees every woman having a monitor that will provide her with a personal database of all aspects of her reproductive health, from the menarche to beyond the menopause.

While it has tested Unipath's PR skills to the full, Persona is proving to be a key element in the company's growth. The corporate infrastructure is being expanded on the back of the brand. Distributors used to handle products in the major European markets. Now the company has offices in most continental countries.

It is also gearing up to tackle the huge US market, although it will be some years before Persona is on the market. Unipath has been granted an application to start clinical trials which should be complete in 18 months time.

starter packs or test sticks.

"We made a commitment to provide training when we launched the product and we stuck to our side of the bargain. We will continue to do so," she says. "There are tens of thousands of women buying test sticks each month and they would like the convenience of being able to buy them at their local pharmacy."

Other products from Unipath are also benefiting from promotional support at the moment. Clearblue, which was delisted by some pharmacies in 1996, has regained most of its lost distribution. It is currently being advertised on television. The pregnancy testing market is worth \$25m, and Clearblue claims a 51 per cent share (excluding Boots).

So where does Unipath go next? "We are focussed as a business. The Persona technology offers a unique platform into a

number of areas," says Dr Bright. "We will be exploring fertility and infertility, and contraception and monitoring during the menopause." New developments can be expected in a couple of years.

And future distribution? "Unipath's vision for the future offers a significant opportunity for community pharmacists because of the active professional support at point of sale that the new products are likely to require."

"However, it has to be recognised that this goes hand in hand with a commitment to work with us and undertake full product training. If we can be sure of this, then I don't anticipate that we would find it necessary to enter into an exclusivity agreement in the future."

"I'm certainly committed to working in partnership with community pharmacy to develop a mutually successful future."

## Tarred with the same brush?

In *C&D*'s April 25 issue **Xrayser** wrote a piece entitled 'Supplementing the Health Food Business?' This looked at the amino acid, 5-hydroxytryptophan, recently launched by Solgar Vitamins.

Quest Vitamins is a member of the Council for Responsible Nutrition, an industry body which agrees quality standards and keeps abreast of legislation matters and safety issues. We are also members of the Health Food Manufacturers Association, which governs label approvals and ensures that products are marketed responsibly.

With this in mind, we can answer the closing question: "Another example of the responsible behaviour of the health food industry?"

Clearly, the health food industry is responsible and the associations that represent it are evidence of this. A publication like *C&D* should recognise this and encourage other companies marketing relevant products to become members.

**Esther Mills**

*Nutritionist, Quest Vitamins*

## Unconditional assurance on business confidentiality

In your April 18 issue, **Xrayser** states: "I must be assured that the information AAH gleans from an analysis of my buying and the progress that I then achieve is kept strictly confidential".

Let me give **Xrayser** and all other independent pharmacists that assurance unconditionally. As a wholesaler, AAH Pharmaceuticals is a totally separate entity, both in mission and organisation, from Lloyds Chemists.

Our mission is to support our independent pharmacist customers in building their businesses through help with ranging, merchandising planning and layout, manufacturer negotiation, promotions, business advice and, of course, flawless service.

There is no cross over or sharing of information regarding our individual customers – none, zero, nullo, nix.

**S R Dunn**

*Marketing director, AAH Pharmaceuticals*



A host of Dorset Health Authority VIPs attended the reopening of the St John Pharmacy in Weymouth last Thursday. The pharmacy has moved into what was the old Star and Garter pub and is next to a seven doctor surgery. The pharmacy has a beauty parlour, a toning table studio and three treatment rooms. Pictured (l-r) are South Dorset MP Ian Bruce, Mrs Hazel Bruce, proprietors Dipan and Sejal Shah, Dorset HA chairman Wilma Mulliner, Dorset HA director of primary care Andrew Cawthron and Dr James Mulliner

# ACT

Many sufferers taking sedating antihistamines are not aware of the sedative effect caused by the treatment<sup>†</sup>

**YOU CAN'T AFFORD TO CLOSE YOUR EYES TO SEDATION**

<sup>†</sup>Meltzer E.O. Occup. Health & Safety, 1996; 46-50. Claritin Allergy contains loratadine. For the treatment of hay fever. Further information is available from: Schering-Plough Consumer Health, Shire Park, Welwyn Garden City AL7 1TW



# PIMs for patient counselling

In today's high-tech world, businesses that take full advantage of computerised systems in order to work more effectively are the ones that stay ahead of the game. **Adrian Morant** looks at several programs designed to organise the increasing number of daily tasks pharmacists are expected to deal with

**W**here would we all be without the ubiquitous post-it notes? They have become indispensable in the dispensary and elsewhere – frequently in conjunction with that pocket compendium of useful (as well as useless) information, the Filofax.

However, with a growing number of pharmacy computers running Windows, it is becoming feasible to use personal information manager (PIM) programs, which bring even greater power and convenience to bear in keeping control of all those odd items of information. In addition, they can assist in recording time spent on a whole range of activities.

In the same way that the Filofax provides a convenient means of organising information so that one can work more effectively, a PIM enables the computer to do the same task, but with a number of additional benefits.

These include the ability to search and sort information, as well as being able to print it out as and when required. In addition, they often have the facility to automatically dial a phone number (that is in the PIM's address book) via an attached modem.

While the latest patient medication record (PMR) computer systems allow for notes to be appended to the records of individual patients, there is no mechanism for dealing with non-patient-specific notes.

Typical requirements might be to keep a record of stock loans (both in and out) with neighbouring pharmacies; notes of which bills must be paid early in order to attract special discounts; and tasks to be carried out by the odd-job man on his



next visit.

As well as these business issues, PIMs can also be expected to have major applications in the professional aspects of pharmacy. In the same way that no two people use their Filofax in an identical manner, PIMs tend to be used in an equally versatile manner.

The role of all health care professionals is evolving, with pharmacists increasingly being involved in patient care rather than just carrying out the dispensing at the end of a chain.

Patient counselling and pharmacist prescribing are just two of the issues under discussion. Consequently, pharmacists will need to be able to quantify and analyse the amount and description of the additional work they do. This will provide the raw data to enable these activities to be properly audited.

In the shorter term this will demonstrate the value of these

activities and, hopefully, in due course, may even result in pharmacists being remunerated for these activities.

While a diary or a notebook can be used for recording time spent and outcome, they do not lend themselves to recording information in a matter that can be subsequently sorted, or otherwise manipulated and then printed out or called back at short notice.

A PIM, being a computer program, will be ideal for recording, categorising all episodes and thus preparing the necessary summaries.

In essence, a PIM consists of a suite of small programs, each of

which deals effectively with one task. Thus, the calendar and diary may offer day, week, month

**PIMs bring even greater power and convenience by controlling those odd items of information**

and year views, each of which show different amounts of detail. This enables the user to both see the wood and focus on the trees, while a search facility makes it easy to find any particular event.

The address book will do likewise with name, address, phone

and fax numbers as well as, increasingly these days, electronic mail addresses plus a variety of notes.

An additional useful facility, in conjunction with a suitable modem, is the ability, having located someone's phone num-



ber, to automatically dial out.

As referred to above, a notebook or memo function would be used keeping a note of stock loans etc. Here, a separate section would be set-up to be used for each of the neighbouring pharmacies with which one had an arrangement.

It would then only take a moment to update a note and do a print-out for the day of reckoning at the end of the month. Because it would be so quick and easy, one would not forget to make a note. Equally well, it could not be mislaid.

None of these tasks is, in its own right, a major undertaking. Nevertheless, the convenience of being able to keep all the various types of information neatly organised and at one's fingertips is an absolute boon and far more convenient than any paper notes.

This would apply equally to any counselling-related activities. For example, the specialist pharmacist to the Menopause Clinical & Research Unit at Northwick Park Hospital has set up a paper-based Community Pharmacist HRT Prescription Report Study.

In it, community pharmacists who have received training within the Menopause Clinic are recording a range of details including whether the script is hand or computer generated, a first-time script or a repeat, and whether any counselling was given.

Where there was counselling, was it initiated by the patient (or his or her representative), shop staff or the pharmacist directly; and what information was given and from where did the pharmacist obtain it?

Among other things, this will determine the implementation and value of the training given.

As can be appreciated, this will involve these pharmacists in an appreciable amount of effort in collecting and recording a large amount of information from every relevant episode. Then, the contents of all these hand-written forms will have to be collated and analysed.

The results will no doubt show the value to the counselling carried out and will probably lead, in due course, to a formalisation of counselling.

As the range and extent of these studies grows, they could well employ a pharmacy subset of the International Classification of Primary Care (ICPC-Ph) which has already been developed at the University of Groningen in The Netherlands.

This will enable researchers to apply statistical methods to get an insight into the fields in which community pharmacists are active.

It is worth pointing out that, once patient counselling goes from the study phase to widespread implementation, it is highly likely that special computer programs will be developed to handle all aspects including, possibly, remuneration.

After all, manually analysing a whole series of forms by the third of the following month would be an impossible task.

Even though the majority of pharmacists are not involved in any research studies, they may find it informative to start keeping a record of some of these activities. A PIM would put all this, and much else, at their fingertips.

There are a number of PIM programs available. While they are all addressing similar problems, they are not identical. Each has different strengths and weaknesses as no two designers will have given the same priority to the same functions. Neither will they have implemented them in the same way.

For example, Time & Chaos, a shareware program, appears particularly strong on time management and appointments, and is thus ideal for the desk-bound executive who needs to (and is

able to) apportion and regulate his or her time.

As a community pharmacist has little control over the demands on his time, this is unlikely to be a suitable choice. However, being shareware, where one is able to try the program free of charge (generally for a month) without registering and paying, it may be worth a look.

However, probably the best known PIM is Lotus Organizer. This comes as part of Lotus Smartsuite along-side word-processing, spreadsheet, database and presentation graphics' programs or can be bought as a stand-alone program.

The view on screen looks just like a Filofax. There are 'tabs' down the edge of the 'page' for Calendar, ToDo, Addresses, Notepad and Planner (ideal for showing who has booked holidays, for example).

Selecting a tab takes you to a particular section such as the Calendar, where one can switch between a day per page, a week view, week per page or month view depending on the level of detail required at any one time.

Similarly, the ToDo section is divided into Overdue, Current, Future and Completed sections, while a whole range of categories can be set up within Notepad.

These sections, as well as the address book and other features, provide the user with a flexible tool, the value of which is enhanced by, as with any computer-based system, the ability to search for any particular entries. When found, as well as just looking at the information, copy and cut-and-paste functions avoid re-typing when one wants to use the same information in, say, a word processor.

In a similar way to Lotus incor-

porating Organizer in SmartSuite, Outlook forms part of Microsoft's Office suites. Microsoft is expected to introduce Outlook 98 in the near future to supersede, and improve upon, Outlook 97.

My preference is, however, for Sidekick 98 from a small company called Starfish Software. This software has evolved over the years since it was brought out in 1984. Computers were then stand-alone machines and no-one considered the kind of collaborative working which is in vogue today.

So while Sidekick 98 has many of the items that are promoted as major features of the products from the better known suppliers, it has not lost sight of its roots.

For example, the Memo section can be divided into a number of sub-sections, each of which can relate to widely different issues.

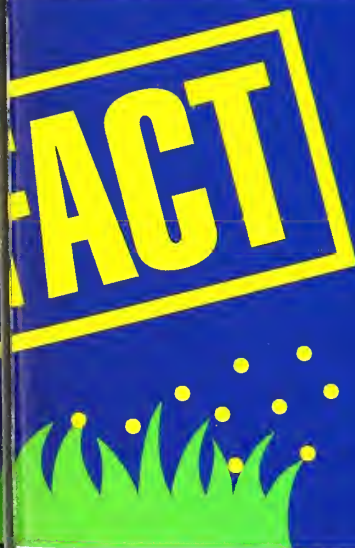
The former could then have sub-topics for each pharmacy with which you have an arrangement. Hitting a couple of keys automatically inserts date or time so the memo can be completed easily.

This date and time-stamping could well be a useful facility when making a record of patient counselling. After all, despite the fact that a pharmacist has a qualification backed by years of experience and ongoing CPPE, one of the objectives of any patient counselling study must be to be able to quantify the time and effort so as to obtain remuneration for the time spent on a daily basis.

Finally, on the subject of learning 'on the job', it should not be overlooked that while a great many pharmacists did not get acquainted with computers until well after they left college, computers now form a vital part of every dispensary.

Consequently, a greater understanding of the widening range of uses to which they can be applied (preferably backed by direct experience) will be of long-term benefit.

**A greater understanding of the range of uses of these programs will be of long-term benefit**



**In 35 American states it is against the law to drive whilst under the influence of sedating antihistamines<sup>†</sup>**

**YOU CAN'T AFFORD TO CLOSE YOUR EYES TO SEDATION**

<sup>†</sup>Nolen T.M. Clin, Ther., 1997; 19: 39-55. Claritin Allergy contains loratadine. For the treatment of hay fever.

Further information is available from: Schering-Plough Consumer Health, Shire Park, Welwyn Garden City AL7 1TW



After the murder mystery and the paintball came the conference. The Ulster Chemists' Association filled the Slieve Russell Hotel, co Cavan, last weekend. President Donald Moore (pictured below) opened proceedings by welcoming the 180 delegates, and commiserating with those who, like himself, sported the injuries incurred during the previous day's 'hostilities'



# Lessons for the new millennium

Independent pharmacies have a key position in the community, and a vital and underestimated role in the NHS, says business guru Sir John Harvey Jones.

He also believes "the world of retailing is moving towards the independent", and the position independents hold is an important strength.

Collaboration is needed, and retail pharmacy must build on its local strengths. The main problem in small businesses is their lack of aspiration, he says. They enter a "comfort zone" where it becomes more difficult to grow. But to survive, independent pharmacies must aspire to greater success.

Businesses must "grow and develop, or die", he says. It is easy for someone to tell small businesses what to do; the difficult part is making the changes. Change of any sort is always unpleasant.

Pharmacists' training is long and hard, but few schools of pharmacy have added the most important module to the course – retailing skills, he says. To pre-

serve the profession, pharmacists must be taught such skills, both as part of the undergraduate course and later on in their careers.

Pharmacy must look at the retail revolution, and be aware that the large chains and supermarkets want in-store pharmacies, not for their profit, but for the increase in customer flow they generate. The impact of this is only beginning to be felt.

Pharmacy has been incredibly slow to seize the opportunities – the Internet, supply chain management, having the right goods in stock and the staff adequately trained to sell them.

The market is in a "state of constant innovation", where new products and advertising create a "continuous froth of desirable items". Consumers are confused and see the pharmacist as someone they can trust to sort through the froth to the product that is right for them.

The problem of an underfunded, monopoly supplier is also one that the profession must tackle. Pharmacists have never



Sir John Harvey Jones gave words of encouragement for the future of Northern Ireland should peace be achieved. The fight for the economy has been concealed by the troubles, and the battle for its recovery will have to start, he said, stressing the important role small businesses will play

effectively channelled the respect customers have for the profession to the NHS.

The continual reduction in income has not been appreciated by the public and pharmacists have not made a concerted effort to mobilise the support they have in the community.

To survive, independents must change. No customer should come into the pharmacy, collect his or her prescription and leave without buying anything! The growth of the large retailers presents a tremendous opportunity for small businesses, but they must use EPoS data and respond quickly to their customers.

The fight can be won, says Sir John, but he is not sure pharmacists actually want to win because they are "not scared enough yet".

## Lessons pharmacists must take in

To remain independent they must give up some of their independence to achieve the economies of scale needed for price equalisation

Any chain is only as strong as the weakest link – rigorous standards must be set and applied

Family businesses rarely have a clear set of objectives and are the most difficult to manage

Customer loyalty is not a right – it must be guarded every day with every customer

A market will never go back once a change has been introduced. Independents must dream with their feet on the ground

Sell more, sell different or sell out. The latter is an option some should consider

Never try to play by the big boys' rules – independents must change the rules

# The worldwide race for the shopper is on

In an industry of contrast, paradox and contradiction, the race is on – for size, consumers and uniqueness.

These races are being run on a worldwide scale, said Jean Jacques Vandenheede, the vice-president of global marketing in charge of retailer services for A C Nielsen.

The top three retailers in the UK take 45 per cent of the grocery sales. The giant European retailers now cover most continents, including the US. Of the 403 retailers represented worldwide, 292 are European in origin. Mergers and acquisitions will increase the size of these

world players, he predicted.

In the race for consumers, discounts have played a large part. The German company Alde has cut its running costs to the point where it can operate on a 10 per cent profit margin. Own label also plays a large part in the race, with Sainsbury, Tesco and Marks & Spencer dominant forces after years of building brand loyalty.

The race for the 'shopper' as opposed to the 'consumer' needs more effort, and it is this race that the independent can take on and win. Retailers must look to shopper retention rather than customer attraction for the

future, said Mr Vandenheede.

Shopper disloyalty is stimulated by price discounts and special offers: many shoppers use more than five stores in any 12 weeks. Discounts and special offers are "heaven for the shopper and hell for the retailer".

Loyalty cards do not create loyalty, he believed, but the information from them is valuable. Some large stores have photographs of their top 50 shoppers in the canteen to remind the staff on whom they are dependent.

The issue now is how the top 30 per cent of shoppers – who provide 65 per cent of a store's

income – can be best served. Focusing on the shopper means each store is a separate business in itself, and the importance of the local market becomes paramount.

Smaller retailers are doing well – they know their shoppers by name, what and when they purchase, and what they like. Above all, pharmacists know their families and their health status.

Mr Vandenheede ended by saying the "retail industry must reinvent itself, going from traders to merchants, and best practice currently sits with the small independent traders".



# Scotia in dessert deal with Unigate

Unigate has signed a deal to use Scotia's Olibra compound – an ingredient that apparently prolongs a 'feeling full' sensation – to develop desserts and yoghurts.

The products, which are being developed by St Ivel, Unigate's subsidiary, could be available in 18 months. The desserts will be sold in the UK, Ireland, France and Italy, and the yoghurts in Ireland, France and Italy.

Scotia will receive undisclosed royalties under the agreement. It also plans to roll out Olibra in other major yoghurt markets, such as Japan,

Germany, the US and China.

The company already has a deal with Skanemejerier, a Swedish dairy company that has been testing a yoghurt containing Olibra since January. The brand – Skane Dairy Maval – is said to account for 2 per cent of yoghurt sales in the Malmo test region, and it is being rolled out nationally.

Skane Dairy Maval has started a UK trial in Safeway stores, which will sell it exclusively for eight weeks. The brand retails at \$0.75 for a 200g pot and will be available in other major super-

markets by December. Scotia earns \$700 for every tonne of the brand sold.

Scotia's shares rose \$0.365 to \$3.765 after the announcement.

Following various problems, such as last year's failure to gain UK approval for Tarabetic, its leading diabetic drug, the company has made some widespread changes. These include the appointment of Robert Dow, its former medical and development director, as chief executive in January. Mr Dow replaced Scotia's co-founder, David Horrobin, who remains a

non-executive director.

Its recent \$50m rights issue, meanwhile, has helped boost its cash reserves to \$68.7m, which will last three years.

The company has also pruned its projects from 24 to "six deliverable products" to improve its focus and husband its resources better.

Oncology remains its chief interest. The company has a deal with Boehringer Ingelheim to develop Foscan, a photodynamic therapy for cancer, which it aims to file in the US and in Europe mid next year.

## Pharmacists join Unichem board

Unichem has appointed three pharmacy representatives to its board: Neil Chapman, FRPharmS, Mike Smith, MRPharmS, and Kelvin Hide.

Mr Smith runs Mike Smith Chemist in Ivybridge, Devon, and his responsibilities include mem-

bership of the Pharmaceutical Services Negotiating Committee.

Mr Hide has worked for Unichem for 25 years and, in the process, has gained extensive experience of the UK wholesaling market.

Mr Chapman, who becomes the board's chairman, has been a member of Unichem plc's board for 12 years. He has just completed three years as the National Pharmaceutical Association's Northern representative.

Unichem says the extensive retail pharmacy experience of Mr Chapman and Mr Smith, combined with Mr Hide's operational background, will ensure the board continues to focus on helping independent pharmacies.

**Chris Etherington, Unichem's managing director (bottom right), with its latest non-executive directors: (top l-r) Mike Smith and Kelvin Hide; and Neil Chapman, bottom left**



## Stock Exchange investigates British Biotech

The Stock Exchange has reopened an investigation into British Biotech's (BB) directors' recent share dealings.

On January 17, 1995, three BB board members – Brian Richards then chairman, Keith McCullagh and John Gordon – sold some of their shares. According to one press report, BB's board had been told a few months earlier that batimastat, its anti-cancer drug, was causing worrying side effects.

Mr Richards realised about \$591,000 through the sale, Mr McCullagh \$586,000 and Mr Gordon \$157,500. A month after the sales, BB abandoned trials for batimastat. The directors' deals were checked and cleared by the Stock Exchange at the time.

But the timing of these deals, bearing in mind batimastat's underlying problems, have only recently been revealed by Dr Andy Millar, BB's former head of clinical trials. Dr Millar was sacked a few weeks ago by BB for talking about the company's work with outsiders. He has since said that he had told BB's board about the problems involving batimastat's patient trial.

The stock exchange refuses to confirm whether it is investigating BB again, although it admits it is always willing to check a company it has previously cleared. Its move, however, is an open secret and another PR blow for BB, whose public image has been buffeted by Dr Millar's well-orchestrated press campaign over the past few weeks.

He has accused BB of issuing over-optimistic press releases on Zacutex, a treatment for acute pancreatitis, on May 12, 1997, a few days after the company had apparently been warned by the Danish Medicines Agency that it had five objections to the drug.

BB, he adds, gave misleadingly good news about marimastat, a treatment for pancreatic cancer, in November 1995 and May 1996. The US-based Securities and Exchange Commission is also investigating the press releases.

The European Medicines Evaluation Agency (EMA) released a statement saying it had sent BB a report questioning the validity of Zacutex on June 19, 1997, more than a month after the company released its press releases.



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# Seton Healthcare and Scholl to merge

Seton Healthcare and Scholl are merging to form a group called Seton Scholl Healthcare (SSH).

Based on Seton's share price of \$6.635 on Monday, the group would be worth \$691m. Seton shareholders will own 53.1 per cent of SSH, while the owners of Scholl ordinary shares and convertible preference shares will own the remainder.

Stuart Wallis, Scholl's chairman, will be SSH's chairman, while its chief executive will be Iain Cater, currently Seton's chief executive.

Seton's health care brands come in three categories: OTC products, wound management and continence care. OTCs account for about 38 per cent of its sales, medical 44 per cent, and

export 18 per cent.

Scholl's foot care and leg care products are sold in 28 countries. Foot care products account for 39 per cent of its sales, while 27 per cent stems from footwear. The company also markets compression hosiery, mainly through NHS prescriptions, and operates 92 retail outlets that sell its products and offer chiropody services.

Both companies say the merger makes sense because their brands do not overlap and they would gain "considerable strategic, commercial and financial synergies". The move, they add, will enhance earnings immediately – their combined turnover is about \$300m.

SSH says the companies share

a common approach to the health care market through their distribution channels – pharmacies, hospitals, grocery and specialist shops – and in their customers, who are primarily over 35s, mothers and health care professionals.

SSH will operate in foot care, OTCs, wound management and continence care.

Scholl's foot care and Seton's OTCs will account for about 75 per cent of the merged group's turnover. About half of its sales, based on recent year-end results, would come from the UK and Ireland, about one-third from the rest of Europe and the remainder from the Asia Pacific region and Latin America.

SSH wants to use Scholl's

international brand marketing skills and extensive global distribution network to open new markets for Seton's brands.

The group also aims to acquire OTC brands overseas.

It will cut costs by removing duplication in its headquarters and by combining its marketing, R&D and administration departments. Savings will also come, it says, from increased purchasing power and economies of scale in manufacturing. SSH will review its plants to reduce third party manufacturing.

Seton's shareholders are due to vote on the merger at an extraordinary general meeting.

The news comes as Seton's pre-tax profits rose 21 per cent to \$24m for the year to February 28.

## NPA promotes cheap electricity service

The National Pharmaceutical Association is promoting a new service to help its members cut their electricity bills.

The final stage of the electricity industry's deregulation will occur in September and should be completed in summer 1999. Small commercial and domestic consumers will then be able to choose any licensed electricity supplier, and to negotiate a personal rate for their contracts.

While a number of prospective electricity providers are offering attractive discounts to consumers, the NPA is concerned that members who sign up for these deals will be faced with

handling all the extra administration involved, and are unlikely to know whether the offer represents real value.

It is recommending an independent utilities management service, handled by National Utility Services (NUS), to its members.

For a modest fee, which has not yet been finalised, the company will analyse the member's requirements and obtain a competitive contract proposal from a provider. If the member accepts the contract proposal, NUS will handle all the administration.

● A further reduction in credit and debit card handling rates,

under the Midland Card Services scheme, has been negotiated by the NPA.

The new rate for Switch and Visa Delta debit cards has been cut to \$0.19 per transaction, while the maximum rate chargeable for credit cards is now 2.15 per cent. Businesses with higher turnovers receive equivalent improvements. A terminal's rent remains unchanged at \$5 per month, probably the most attractive feature for low volume firms.

The new rates are available to any NPA member, including those in Scotland and N Ireland. Members do not have to bank with the Midland bank.

### Astra UK sales fall 21 pc

Astra's UK sales fell 21 per cent to about SKr768m (£64m) during the first quarter to March, due to parallel imports. Its overall pre-tax profits rose 14 per cent to SKr3,940m on sales of SKr12,095m – up 19 per cent. Losec's sales rose 23 per cent, at constant exchange rates, to SKr6,166m.

### Hot water bottler re-locates

The Haffenden Moulding Co, the world's largest supplier of hot water bottles, has re-located its manufacturing from Richborough Works to Sandwich industrial estate, Kent. All its services are in a 10,000 sq ft building, which will be formally opened on May 12. Haffenden says the single building is a vast improvement on the fragmented operations at Richborough. Its new telephone number is: 01304 617377.

## Chiroscience files Chirocaine in US

Chiroscience has filed Chirocaine, its local anaesthetic, before US regulatory authorities.

Chirocaine was filed in Europe in December and Chiroscience hopes it will be approved later this year. Zeneca has licensed the compound's worldwide rights, except for Japan.

Chiroscience says the global market for long acting local anaesthetics could grow 400 per cent to \$1bn in 10 years.

The news sent Chiroscience's shares up \$0.205 to \$3.315.

Other major partners are Bristol-Myers Squibb, which has worldwide licensing rights to Chiroscience's MMP inhibitors as potential cancer treatments; and Schering-Plough, which has global rights to the PDE4 programme for asthma and other inflammatory diseases.

The news comes as Chiroscience reported a pre-tax loss of \$25.7m on sales of \$26.2m for the

year to February 28. Its R&D costs nearly doubled to \$36.4m, compared with 1997; while its operating expenses rose 75 per cent to \$42.5m, partly because it was running Darwin Molecular, acquired in December 1996.

Chiroscience's sales, meanwhile, were up 128 per cent and reflected a strong performance from Chirotech, its subsidiary that provides chiral chemistry services to drug companies.

The company says it is in a strong financial position – it had about \$40m in cash in February and says it is not spending the money as fast as it used to.

It admits, however, that the millennium bug may cause some problems, it is spending about \$500,000 to alter its computers.

Chiroscience plans to re-locate its HQ to a new site still in Cambridge, where it is building state-of-the-art facilities that should be ready in late 2000.

### COMING EVENTS

**MONDAY, MAY 11**

**NICPPET**

Belfast – 'First aid at work'.

**TUESDAY, MAY 12**

**Oxfordshire Branch, RPSGB**

PGMC, John Radcliffe Hospital. AGM at 7.30pm followed by 'Migraine Therapy' at 8pm. Dr Geoff Wright, consultant neurologist.

**WEDNESDAY, MAY 13**

**NICPPET**

Dunadry – 'Time Management'.

### ADVANCED INFORMATION

**The Industrial Pharmacists' Group and the Pharmaceutical Quality Group** are holding a joint meeting at the RPSGB in London SE1 on **May 29**. Registration forms from Dr Clements. Tel: 0171 735 9141 ext 289.

**International Pharmaceutical Federation** substitution conference in Rome on **June 10-12**. For details, call (31) 70 363 1925.

Applications for enrolment on **Keele University's community pharmacy diploma course** in September are now being accepted. Bev Oakden. Tel: 01782 584207.

**MEL and Aston University School of Pharmacy** have organised a seminar on pharmacy's future in the 21st century at the University in Birmingham on **May 19**. Tel: 0121 604 4664.

**Women in Business** at Wembley on **June 19-20**. 'Now Bridget Jones can lead a healthy life'. Martin Ashenden. Tel: 0171 262 3382.

**The British Association of Pharmaceutical Physicians** annual symposium takes place at the Commonwealth Institute, Kensington High Street, London W8 on **June 24-25**. Further information from Pauline Aban. Tel: +44 (0) 171 491 8610.



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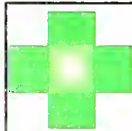
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# ABOUT people

## Pharmacists' marathon charity effort



Mike Farrell at the finish line

Eighty pharmacists from the UK took part in Sunday's London Marathon and raised thousands of pounds for charity.

Pharmacist Dean Vincent, of the Vincent Pharmacy in Oxford, completed the run with a National Asthma Campaign team in 3 hours 24 minutes, and raised over £1,300.

He narrowly beat John Bell &

Croyden's general manager, Philip Parkes, who completed the marathon in 3 hours 28 minutes. Mr Parkes raised more than \$500 for Whiz Kidds, a charity providing specialist mobility aids for children unable to walk.

Four newcomers fared well. Rajesh Malde of Odessey Pharmacy in Kettering completed the course in 4 hours 27 minutes; Mrs Raji Amlani of Marlow Bottom Pharmacy in Buckinghamshire finished in 4 hours 45 minutes; Mike Farrell of the Farrell Pharmacy in Swanage took 4 hours 50 minutes; and Shally Suri of Shally's Chemist in Nottingham took over 6 hours.

Respectively, they raised over \$1,000 for the Marie Curie and Sewa charities; \$2,500 for the Anthony Nolan Bone Marrow Trust; \$1,300 for Scope; and \$1,400 for local charities.

The first-timers were amazed by the level of support they

received from onlookers. "My name was written on my running vest and when I was flagging, the crowd would shout out my name until they saw me boost, and then they would cheer," says Mr Malde.

Mr Suri took some time out to enjoy the carnival atmosphere at mile seven. "Some people had set up a discotheque outside their houses, and I went for a little bop and jig," he says.

Mike Farrell teamed up with colleague John Farrell (no relation) of the Royal Free Hospital in London to run

the course, and was surprised to be overtaken by a rhinoceros. "We saw three rhinoceroses in the race, and one of them caught up and ran with John for 50 yards," he says.

An inscription on the marathon medal summed up the event: 'It's not the taking part that counts, it's the finishing'.

● More pharmacists took part in

Sunday's London Marathon than GPs or dentists. Most (588) of the medical runners were nurses. Next best represented were the hospital doctors with 254 runners followed by pharmacists (226) and GPs (175). Of the 226 pharmacists, 198 were men and 28 women. Most of them (146) came from outside the UK.



Shally Suri in training for the event



Pharmacist Rajesh Malde with his marathon medal

### Free tickets to PFA Golf Classic on offer

Fancy a day down in Southampton at the end of the month watching the Philips PFA Golf Classic?

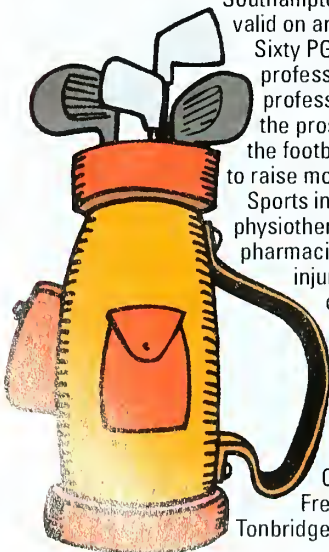
Medisport is offering pairs of tickets free to the first 150 *Chemist & Druggist* subscribers to write in.

The event is being held at the Marriott Meon Valley Country Club, Southampton, from May 26-31. The tickets are valid on any of the four days of the competition.

Sixty PGA European Seniors Tour professionals will tee off alongside 30 professional soccer personalities. While the pros compete for the championship title, the footballers play in their own competition to raise money for charity.

Sports injury specialist Medisport will provide physiotherapy services at the event. Any pharmacists needing advice on treating sports injuries can visit the Medisport stand or call the helpdesk on 01705 246519.

Tickets will be sent out on a 'first come first served' basis. Send your application on a postcard, giving your name, job title, and the address to which the tickets should be sent, to Medisport/PGA Golf Classic, *Chemist & Druggist*, Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.



### Pharmacist's prompt action saves man's sight

The quick thinking of a relief pharmacist at Boots the Chemists in Wallsend, Newcastle, may have saved the eyesight of a 35-year-old man attacked with ammonia last month.

The man was walking down Wallsend High Street with his girlfriend, when he was confronted by two men and sprayed in the face with ammonia.

Pharmacist Moya Kirk was alerted to the incident by a security guard, who escorted the injured man into the shop. She stuck his head under running tap water first before finding saline solution to continue the rinsing.

Instead of calling an ambulance, Moya decided to use a taxi outside the store to get the man to North Tyneside Hospital.

Later, he was transferred to the Royal Victoria Infirmary. The police charged two men with wounding with intent at North Tyneside Magistrates on April 3. They were remanded in custody.

As a result of her actions, Moya received a local hero award from the *Newcastle Upon Tyne Evening Chronicle*, and was nominated for its local hero of the month award.

"I would vote for the two men who jumped into an icy river to save a woman's life. They put themselves in danger - I didn't do that. At the end of the day, I am delighted the man's sight has been saved," says Moya.



Moya Kirk's quick thinking helped save a man's sight

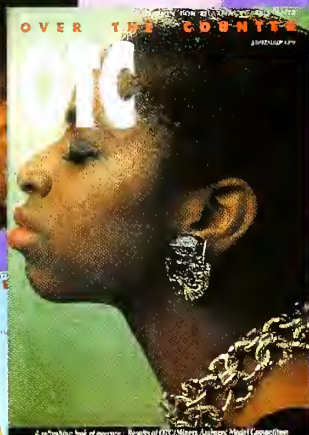


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